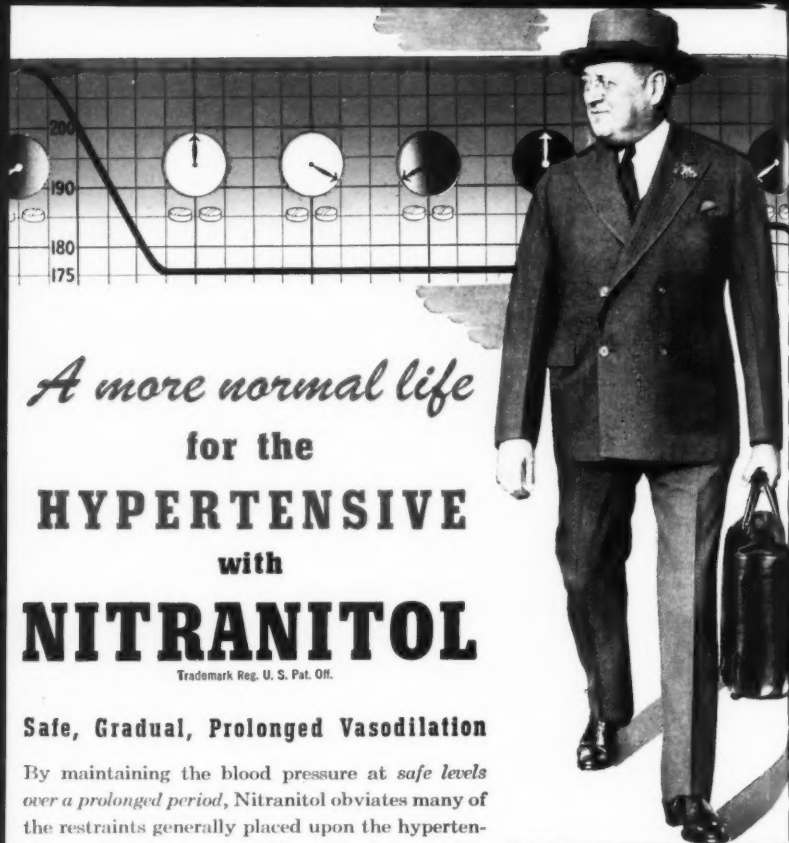


# *Medical Economics*

APRIL



HIGHER FEES URGED FOR COMPENSATION WORK • PAGE 55



*A more normal life*  
for the  
**HYPERTENSIVE**  
with  
**NITRANITOL**

Trademark Reg. U. S. Pat. Off.

**Safe, Gradual, Prolonged Vasodilation**

By maintaining the blood pressure at *safe levels over a prolonged period*, Nitranitol obviates many of the restraints generally placed upon the hypertensive—permitting a reasonably normal, useful life.

Nitranitol's vasodilating action is *gradual and prolonged*, avoiding circulatory shock. Its *lack of toxicity* makes it safe for continuous administration over the protracted periods necessary in keeping hypertensive symptoms under control.

*Nitranitol contains  $\frac{1}{2}$  gr. mannitol hexanitrate in each scored tablet; dosage is 1 to 2 tablets every four hours. Available for prescription in bottles of 100 and 1000.*

**NITRANITOL**

WITH

**PHENOBARBITAL**

combines  $\frac{1}{4}$  gr. phenobarbital with  $\frac{1}{2}$  gr. mannitol hexanitrate. Scored tablets in bottles of 100 and 1000.



THE MERRELL-MACKEY COMPANY CINCINNATI, U. S. A.

# OVER and OVER and OVER

PHYSICIANS ARE SAYING  
"THE **HYFREACATOR** IS THE  
HANDIEST DARN THING I'VE EVER  
HAD IN MY OFFICE"



In more than 33 proven technics involving ELECTRO COAGULATION, DESICCATION and FULGURATION, this simple, compact, high frequency unit performs most effectively, rapidly and easily, without fore and after treatment. Cosmetic results are excellent.

**\$37.50** COMPLETE

**THE WENDT-BRISTOL COMPANY**

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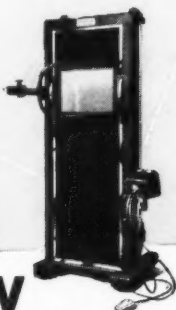
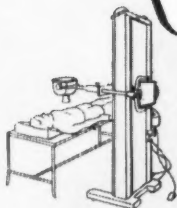
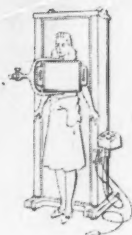
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Columbus, Ohio

**COMPACT  
EFFICIENT  
ECONOMICAL**



## **PROFEXRAY COMBINATION FLUOROSCOPIC AND RADIOGRAPHIC UNIT**

The Profexray Combination Unit may be installed in almost any office. . . . No extra room, no special wiring needed. . . . A highly flexible, skillfully engineered unit—self-contained, sturdy, durable—used in many hospitals and thousands of offices for fluoroscopy and routine roentgenography. . . . Operates on 115-120 V., 50-60 cycle A.C. . . . Shockproof. . . . Ask for free, nonobligating demonstration.

**\$895**

(F.O.B. Chicago)

Patterson B 12x16  
Fluoroscopic Screen  
\$72 extra

The Wendt-Bristol Company  
Columbus, Ohio

Gentlemen: Please have your representative arrange for an office demonstration of Profexray Equipment, without obligation on my part.

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City ..... Zone ..... State .....

**THE WENDT-BRISTOL COMPANY**

51 E. State St.

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Columbus, Ohio

# DOCTORS,



When you prescribe an ultraviolet lamp for home use by your patients, we suggest

## HANOVIA'S HOME MODEL

*The most efficient source of ultraviolet known to medical science.*

This home lamp—a replica of the world renowned Luxor Alpine Lamp preferred by most doctors and hospitals—has the high pressure mercury arc (an exclusive Hanovia feature), which produces all 12 effective bands of ultraviolet.

It is simple to use, requires only a few minutes exposure, covers the entire body, not just a small area; is sturdily constructed, consumes very little current, and will serve the family for many years.

Hanovia's leadership of more than 40 years in the ultraviolet field is your guarantee of excellent and satisfactory performance.

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# LABELED JAR SETS WITH STAINLESS STEEL COVERS



High quality HAND-BLOWN jar with EXTRA HEAVY WALLS and BOTTOM. Green FIRED-ON Labels.

Illustration shows set of jars in NEW STAINLESS STEEL RACK which is available if desired. This rack is excellent for preventing jars from "tipping" over.

Set of five Jars only with stainless steel covers .....	\$10.00
Stainless Steel Rack only .....	\$ 6.50
Set of Jars and Rack .....	\$15.00

**THE WENDT-BRISTOL COMPANY**  
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 Columbus, Ohio

# Medical Economics

APRIL 1947

H. Sheridan Baketel, M.D., Editor-in-Chief. William Alan Richardson, Editor. Edmund R. Beckwith, Jr. and R. Cragin Lewis, Associate Editors. Lansing Chapman, Publisher. W. L. Chapman, Jr., Business Manager. R. M. Smith, Sales Manager.

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\* in equivalent doses, no barbiturate for oral use combines more rapid, profound and shorter effect than . . .

# NEMBUTAL®

(PENTOBARBITAL SODIUM, ABBOTT)

## FOR SEDATIVE EFFECT

### NEMBUTAL IN ¼-GR. TO 1-GR. DOSES

\* Nembutal is a powerful barbiturate—so powerful that doses of less than 1 ½ gr. suffice for many patients and in many conditions in which brief sedative and only a mild hypnotic action is desired.

\* In simple insomnia, for instance, a dose no larger than one ¾-gr. capsule usually obtunds emotional disturbances or reactions to outside stimuli sufficiently to induce sleep.

\* Smaller dosage reduces the amount of the drug that must be eliminated, the duration of effect, and any slight possibility of "hang-over."

\* Smaller dosage results in a monetary saving to the patient.

## FOR TRUE HYPNOSIS

### NEMBUTAL 1½-GR. CAPSULES

\* Only one 1 ½-gr. capsule is needed, under most circumstances, to produce 6 to 8 hours of sleep under the influence of the drug.

\* For preoperative sedation and as a basal anesthetic, prescribe one or two 1 ½-gr. capsules the evening before, and one or two capsules of the same size one or two hours before operation.

\* For obstetrical analgesia and amnesia, administer two or three 1 ½-gr. capsules, with or without scopolamine or meperidine, when cervix is definitely dilated and pains recur regularly at not more than five-minute intervals.

## A FORM TO FIT ANY SHORT-ACTING SEDATIVE AND HYPNOTIC NEED

**NEMBUTAL ¾-GR. CAPSULES**—For the majority of cases in which sedative effect only is desired.

**NEMBUTAL 1½ GR. CAPSULES**—For surgical, obstetrical and all requirements for true hypnotic action.

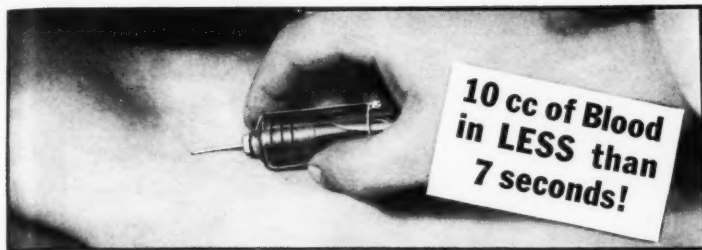
**NEMBUTAL ELIXIR**—Contains 2 grs. per fluid ounce; ¼ gr. per teaspoonful. Unusually palatable.

**NEMBUTAL SUPPOSITORIES**—In ½-gr., 1-gr., 2-gr. and 3-gr. sizes.

**NEMBUTAL AND ASPIRIN**—Nembutal, ½ gr., and aspirin, 5 gr. Sedative and analgesic.

**EPHEDRINE AND NEMBUTAL**—Ephedrine, ¾ gr., and Nembutal, ¾ gr.

ABBOTT LABORATORIES • NORTH CHICAGO, ILLINOIS



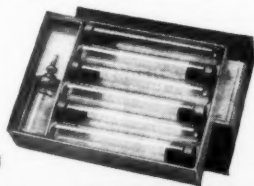
## Gain these SIX Advantages with The B-D VACUTAINER\*

- ① **NO BLOOD TRANSFER NECESSARY** — Blood is drawn from vein through needle into Vacutainer — where it remains for centrifuging and tests without need of transfer, also eliminating danger of outside contamination.
- ② **ADAPTABILITY** — B-D Vacutainer tubes are available in a variety of sizes to fit most standard tests. They are supplied with or without anti-coagulant.
- ③ **HIGH QUALITY OF BLOOD** — Delivers the quality and quantity of blood to the laboratories that they have always wanted but have not always received.
- ④ **SPEED** — 10cc of Blood in less than 7 seconds — under normal conditions. Speed of Vacutainer may permit one technician to do the work of two using other methods.
- ⑤ **LOW COST** — Original cost of equipment compares favorably with any other method. B-D Vacutainer saves cost of syringe, tube, cork, washing, scouring, sterilization, and other preparations for use. Less handling means less danger of breakage.
- ⑥ **CLEANLINESS** — Closed container eliminates contamination or possible spillage. Excess vacuum, after sufficient quantity of blood is taken into tube, automatically sucks residual blood from needle cannula into Vacutainer.

\*A New Vacuum Tube device for collecting blood samples.  
Write for folder showing Vacutainer in use.

Ask your dealer for the B-D Vacutainer Physician's outfit (#3201) containing 1 dozen tubes, a holder and an adapter for use with your own selection of needle.

No. 3201  
Outfit



**B-D PRODUCTS**  
*Made for the Profession*

**BECTON, DICKINSON & CO., RUTHERFORD, N. J.**  
1897—SERVING THE MEDICAL PROFESSION FOR FIFTY YEARS—1947



Courtesy Children's Memorial Hospital, Chicago

## NOW—she's welcome in

You can completely eliminate cast odors—necessitating isolation of patients—with the Curity Ostic Plaster Deodorizing Bandage.

For the Deodorizing Bandage *eliminates* not only milder odors occasioned by perspiration, but the overpowering stench attendant on the closed plaster treatment of purulent osteomyelitis and on fouling of casts by urine or feces.

### Acts as "Gas Mask"

Odors are eliminated by *adsorption*, through a group of activated carbons. A cast made with the Curity Ostic Plaster Deodorizing Bandage is thus a veritable "gas mask"—and a blessing to surgeon, nurse, patient and his fellow ward occupants.

### Unexcelled Performance and Economy

Insert shows the construction of a

Products of

**(BAUER & BLACK)**

Division of The Kendall Company • Chicago 16

Chicago

# in the ward

deodorizing cast. Deodorizing Bandage (arrow) is placed over wound or drainage site. Cast is completed with Curity Ostic Plaster Bandages—they wet out, set and dry in uniform time, make strong, dependable casts with fewer bandages. For satisfactory performance, speed and economy, rely on the Curity Ostic Plaster Line—Bandages, Splints, Deodorizing Bandages!

of a

**Curity**  
REG. U.S. PAT. OFF.

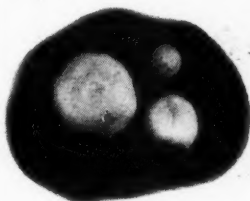


RESEARCH TO IMPROVE TECHNIC...TO REDUCE COST

## SAVE TIME AND MONEY WITH THESE STAPLES



**Curity LISCO PADS:** Inner web of condensed cotton provides extra absorbency—for cleaner, safer wound care. Cost less than all-gauze sponges.



**Curity COTTON BALLS:** Firm, soft, machine-made pledgets, in four sizes. Hold together when saturated. For swabs, hypo wipes, eye and maternity care. They save you precious time.

# "Water-Weakness" CAN BE *Minimized*

## IN PLASTER CASTS

**W**ATER is the weakening factor in a drying cast. Casts with minimum water content dry faster, and tests show they are stronger and more dependable during the drying period.

Such casts can be made with "Specialist" Bandages, because the excess water can be wrung out without appreciable plaster loss.

Just—SATURATE, WRING OUT, and APPLY!

# Johnson & Johnson



Order from  
your Dealer

# "Specialist"

**HARD-COATED PLASTER-OF-PARIS BANDAGES**

• TRADEMARK OF JOHNSON & JOHNSON

## *Panorama*

► Associated Medical Care Plans moved into the second quarter of 1947 with nineteen member-plans in fifteen states, Hawaii, and the Province of Manitoba . . . Almost 26 million persons are now enrolled nationally in Blue Cross plans; Rhode Island is closest to "saturation" with a whopping 66 per cent of its population on the rolls . . . Federal Narcotics Bureau asks municipalities to compel addicts to "take the cure" or go to jail . . . Family health, says George Gallup, is one of the public's three major worries, ranking with high living costs and shortages . . . Unions will continue to fight not only for higher wages but for sickness insurance too, Labor Leader Walter Reuther asserts. "Industry pays to keep its machinery in repair. Why shouldn't it pay to keep its workers healthy?" he says.

► Three-year-old Kenneth Kentner of Goshen, Ind., drank a bottle of indelible ink, turned purple all over, recovered, says United Press . . . Public is neglecting fiction and war books, points out American Library Association, but readers eagerly seek volumes on medicine, psychiatry, and psychology, "perhaps because of the doctor shortage" . . . Planned Parenthood Federation is seeking \$2 million to finance campaign for legalizing birth control clinics . . . Chicago reports that its anti-V.D. laws prevented 1,000 marriages last year, or one in every twenty-five . . . Associated Press explains carefully to newspaper readers that the verb "to ligate" means "to tie an artery with a ligament" . . . Surgeon General Thomas Parran, incensed by radio "plugs" for certain drugs and laxatives, says commercials should be subject to the rules that govern newspaper advertising.

► Physical education instructors in Ohio have been forbidden to make physical examinations of school children. That, says the state's attorney general, is a job for physicians . . . Chrysler is offering an electrically operated, self-defrosting windshield; Ford, a small cylinder of carbon dioxide for inflating tires or putting out

**VITAMINS**

**...AND**

**MINERALS**



**BECAUSE VITAMINS ALONE ARE NOT ENOUGH**

Supplementing the diet with *both* vitamins and minerals is clearly logical because of the now confirmed nutritional concepts originally advanced by Dr. Casimir Funk in 1936:

- vitamins and minerals are nutritionally inter-related
- the same causes produce *both* vitamin and mineral deficiencies (unbalanced diet, pregnancy, etc.)
- minerals are nutritionally as important as vitamins

**VI-SYNERAL**

**IN EACH CAPSULE  
...VI-SYNERAL  
SPECIAL GROUP**

**VITAMINS**

**MINERALS**

Vitamin A (natural) ..	12,000 U.S.P. Units
Vitamin D (natural) ....	1,200 U.S.P. Units
Thiamine (B <sub>1</sub> ) .....	5.0 mg.
Riboflavin (B <sub>2</sub> ) .....	3.5 mg.
Niacinamide .....	20.0 mg.
Pyridoxine (B <sub>6</sub> ) .....	2.0 mg.
Calcium Pantothenate .....	5.0 mg.
Ascorbic Acid (C) .....	75.0 mg.
Alpha Tocopherol (E) .....	4.0 mg.
B Complex factors from.....	50 mg. yeast

Phosphorus • Iron • Calcium  
Magnesium • Copper • Zinc  
Iodine • Manganese

Literature and Samples upon request

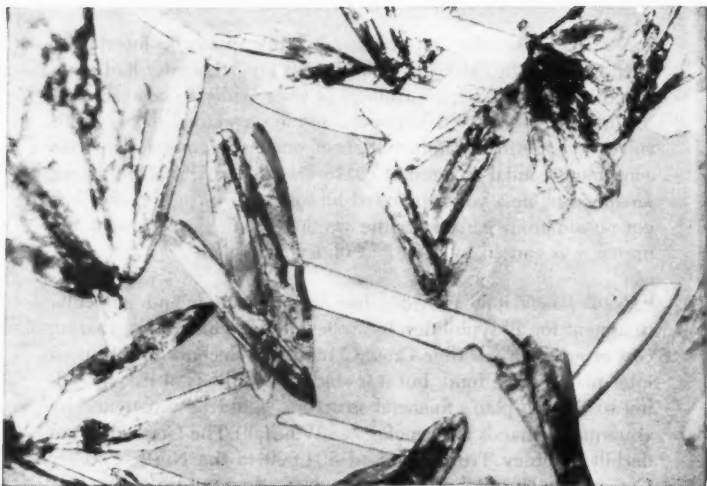
**U. S. VITAMIN CORPORATION • 250 East 43rd Street, New York 17, N. Y.**

fires . . . She ate cake and drank milk while giving "comfortable" birth to her baby, Mrs. John Pettit told reporters who had been called to the Philadelphia College of Osteopathy to hear about a "completely painless" delivery technique developed there: It involves hypodermic administration of pitocin in conjunction with continuous caudal analgesia . . . Dr. David Franklin of Baltimore screamed while a youth battered him with an ax in his office but got no aid from persons in the waiting room; they thought the uproar was caused by a patient under treatment.

► New Jersey now provides free hospitalization and penicillin treatment for all syphilitics, has relieved municipalities of sharing cost of program . . . Blue Cross Commission declines to set up an inter-plan reserve fund; but it is studying methods of risk-spreading so that no plan's financial structure would be threatened by abnormal demands for benefits . . . Windfall: The Gertrude Vanderbilt Whitney Trust promised \$94,000 to the North Country Community Hospital of Glen Cove, N.Y., then put up a rare copy of the "Bay Psalm Book" at auction to raise the funds. The volume brought \$151,000, all of which goes to the hospital.

► Biggest chest X-raying project has been started by Massachusetts; the state aims to bring each of its 4½ million inhabitants before a machine in one of four mobile X-ray units . . . Below-zero weather is no novelty in Racine, Wis., but at least one inhabitant, Robert Miller, 76, never wears an overcoat and "never catches a cold." He protects himself outdoors, he says, with an old Indian preventive: a large pinch of salt placed in the mouth . . . Yale University School of Medicine will offer postgraduate courses in industrial medicine at newly formed Institute of Occupational Medicine and Hygiene.

► Vienna and Berlin are fading as great medical centers and Czechoslovakia will replace them within a generation, says Dr. Paul D. White, Boston cardiologist, after European tour . . . Admiral Chester W. Nimitz advises the U.N. to take its cue from the doctor as a model of patience and understanding . . . Paris bastards have formed an association to secure reform of laws affecting illegitimacy. But no charter for an ABA in this country has yet been sought . . . American Public Health Association asks its membership to vote on whether a new specialty board in public health should be created.



## *Announcing Crystalline Penicillin G Sodium Merck*

- ★ No refrigeration required for dry form.
- ★ Therapeutically inert materials which may act as allergens have been virtually eliminated.
- ★ Minimum irritation on injection as a result of removal of therapeutically inert materials.
- ★ Meets exacting Government specifications for Crystalline Penicillin G.
- ★ Penicillin G has been proved to be a highly effective therapeutic agent.



### **CRYSTALLINE PENICILLIN G SODIUM MERCK**

MERCK & CO., Inc.

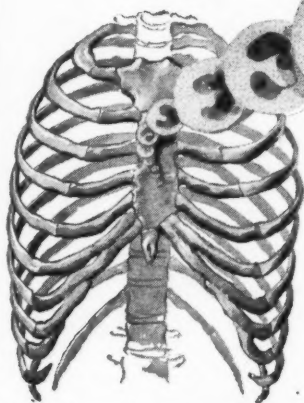
RAHWAY, N. J.

*Manufacturing Chemists*



# BONE MARROW STIMULATION FOR GRANULOCYTOPENIA

*after sulfonamides*



The sulfonamides are among the most beneficial of modern therapeutic aids. Unfortunately, however, occasionally they may induce a granulocytopenia in susceptible individuals. The arsenicals and other drugs also may have this effect. In the course of chemotherapy, it is important therefore to keep a constant look-out for this complication. Clinically, the first suspicion that something is wrong may be aroused by the patient's poor color, drowsiness, restlessness, or sore throat.

ARMOUR YELLOW BONE MARROW CONCENTRATE has been found of great value in this type of granulocytopenia as well as in agranulocytosis with or without angina. It promotes

leucocyte production through bone marrow stimulation. Clinical improvement, followed by increases in the granular leucocyte count, often may be noted within 48 hours.

In severe cases, ARMOUR YELLOW BONE MARROW CONCENTRATE should be given in teaspoonful doses every four hours until satisfactory clinical and hematologic improvement sets in. Dosage may then be reduced as indicated. After the critical phase, and in mild chronic cases, ARMOUR YELLOW BONE MARROW GLANULES (4 minim sealed gelatin capsules) may be employed advantageously—2 or 3 glanules t.i.d.

Supplied in ½ oz. dropper bottles and 4 minim glanules, boxes of 50 and 100.

**ARMOUR**  
*Yellow Bone Marrow Concentrate*

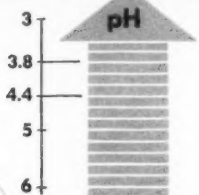
Have confidence in the preparation  
you prescribe—specify "ARMOUR"

THE *Armour* LABORATORIES  
CHICAGO 9, ILLINOIS

HEADQUARTERS FOR MEDICINALS OF ANIMAL ORIGIN

**Restoring  
natural**

**defenses**



**RESTORES ACIDITY**

A circular inset showing a microscopic view of numerous rod-shaped bacteria, identified as Doderlein bacilli, scattered across the field of view.

**RESTORES DODERLEIN  
BACILLI**



**RESTORES GLYCOGEN  
CONTENT**



**RESTORES EPITHELIAL  
CELL LAYERS**

## in Vaginal Leukorrhea

**O**ften the restoration of the body's natural **defenses** provides the least complicated therapeutic approach, and affords the most lasting effects.

This is equally true in the management of vaginal leukorrhea. Destruction of invading pathogenic organisms and restoration of the normal vaginal pH and flora, as well as glycogen rehabilitation of the mucosa, are primary objectives.

In vaginal infections Floraquin exerts an effective bactericidal and protozoacidal effect. When mixed with vaginal secretion, normal acidity is restored. It favors glycogen rehabilitation of the mucosa and the growth of the normal Döderlein bacilli.

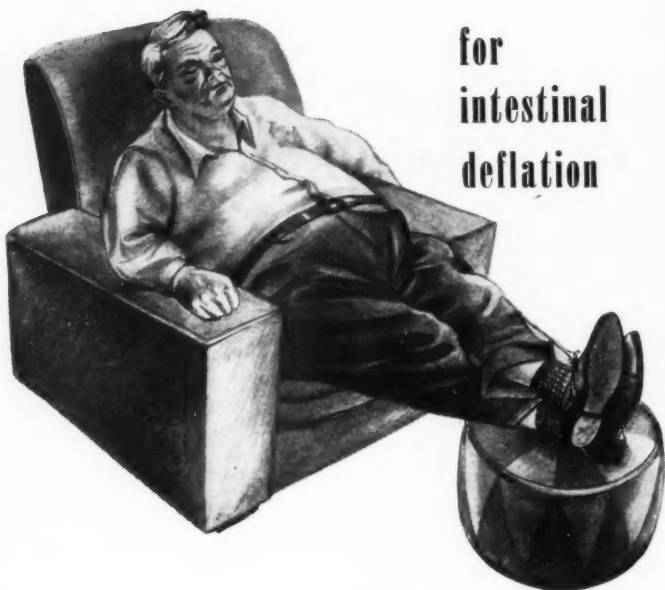
Floraquin is effective in nonspecific vaginal leukorrhea, *Trichomonas vaginalis* vaginitis, senile and mycotic vaginitis, vaginal pruritus and in specific vulvovaginitis.

**FLORAQUIN**

is the registered trademark of G. D. Searle & Co.,  
Chicago 80, Illinois

**SEARLE**

RESEARCH IN THE SERVICE OF MEDICINE



for  
intestinal  
deflation

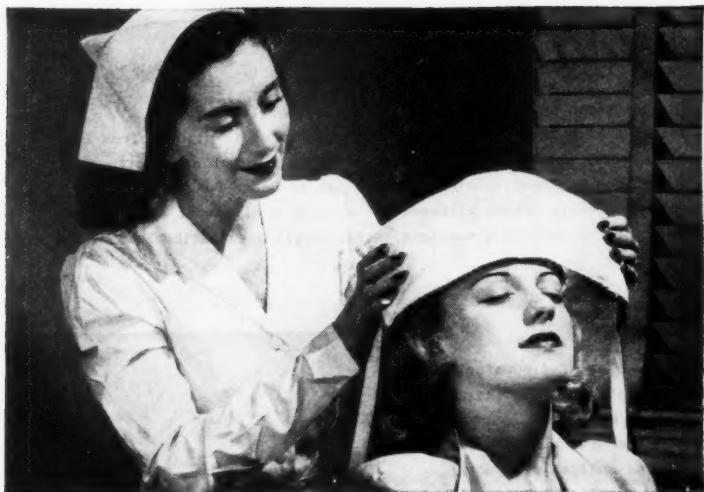
Abdominal distention and flatulence often cause marked discomfort, especially in older patients. They can be readily overcome in many cases with Stamyl, a standardized extract of pancreatic enzymes (trypsin, amylopsin and steapsin) with hemicellulase and ox-bile. Average dose: 1 tablet three times daily immediately after meals . . . Bottles of 50 and 500 enteric coated tablets.

**STAMYL**

Trademark Reg. U.S. Pat. Off. & Canada

*Winthrop*

**CHEMICAL COMPANY, INC.**  
NEW YORK 13, N. Y. • WINDSOR, ONT.



## Revolutionary Casco Fomentator Simplifies Application of Moist Heat

*for Sinus Pain*

Used with the specially designed 100% wetproof Casco Sinus Electric Heating Pack, the newly developed Fomentator makes wet heat therapy more comfortable, *more practical* for your patients. Just the right size for convenient use around forehead, joints, throat, etc., the Casco Fomentator retains moisture 10 to 12 hours under either of the two pre-set heats on the heating pad. Complete with easily sterilized professional accessories, performance-tested, Underwriters' approved. At drug stores and surgical supply houses.

CASCO PRODUCTS CORPORATION • BRIDGEPORT 2, CONN.



**CASCO**

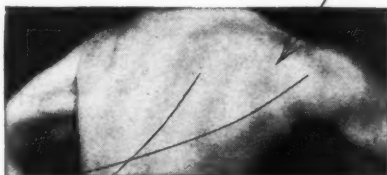
**CASCO SINUS AND MUSCLE ELECTRIC HEATING  
PACK WITH REVOLUTIONARY NEW FOMENTATOR**

# Active

That systemic as well as local therapeutic activity may be achieved with such preparations as Baume Bengué is evident from the fundamental work of Moncorps, Kionka, Hanzlik, Brown and Scott. The unique high salicylate concentration of Baume Bengué, synergistically teamed with menthol affords a bilateral approach to arthritis, myositis, muscle sprains, bursitis and arthralgia.

## Locally

at the site of discomfort. Patients appreciate the active therapy and prompt symptomatic relief of a Baume Bengué massage. Topical analgesic effects and a beneficial hyperemia may be readily induced.



## Systemically

Baume Bengué likewise makes a positive contribution...

1. systemic absorption of methyl salicylate elicits salicylate analgesia and subjective relief.
2. the prompt relief achieved promotes greater patient cooperation for the execution of specific measures, immediate and long-range, directed against etiologic factors.

## Baume Bengué

ANALGÉSIQUE

Baume Bengué provides 19.7% methyl salicylate, 14.4% menthol in a specially prepared lanolin base.

THOS. LEEMING & CO., INC.

155 EAST 44TH STREET, NEW YORK 17, N. Y.



When loss of appetite  
retards convalescence . . .

The importance of stimulating the appetite of the convalescent with an effective tonic has been stressed for years; more recently by Wilkins in *Medical Clinics of North America* (29:1215, Sept. 1945).

**Eskay's Theranates . . .** outstandingly palatable, light and easily tolerated—is the ideal tonic to restore appetite, increase intake of necessary nutritional factors, and thus speed the convalescent to full recovery.

the formula of  
Eskay's famous  
Neuro Phosphates,  
plus appetite-restoring  
Vitamin B<sub>1</sub>

*Smith, Kline & French Laboratories, Philadelphia, Pa.*

# *In treating Para-nasal Infection*

## achieve

## Decongestion without rebound

The rebound congestion that follows the use of many vasoconstrictors creates a vicious circle that prevents normal function of the nasal passages.

ARGYROL provides decongestion and bacteriostasis in addition to its cleansing and demulcent properties and hastens the return of normal function.

### **The Three-Fold Action of ARGYROL**

1. ARGYROL is decongestive without irritation to the membrane, and without ciliary injury.
2. ARGYROL is powerfully bacteriostatic, yet is non-toxic to tissue.
3. ARGYROL stimulates secretion and cleanses, thereby enhancing Nature's own first line of defense.

### **Three-Fold Approach to Para-nasal Therapy**

1. The nasal meatus . . . by 20 per cent ARGYROL instillations through the nasolacrimal duct.
2. The nasal passages . . . with 10 per cent ARGYROL solution in drops.
3. The nasal cavities . . . with 10 per cent ARGYROL by nasal tamponage.



### **ARGYROL** *the Physiologic* *Anti-infective with broad, sustained action*

Made only by the **A. C. BARNES COMPANY • NEW BRUNSWICK, N. J.**

ARGYROL is a registered trade mark, the property of A. C. Barnes Company

# Speaking Frankly

---

## Harness

Why I don't want to retire: After forty-two years in active practice, I have reached the stage where my chief pleasure is results—without thought of remuneration. I am now able to weed out that portion of practice I do not care much about. Whenever I feel like it, I take a day or a week off. The pleasure that medical practice gives me now is something I wouldn't miss.

When I visit my retired medical friends, I often find them restless and discontented. Many good practitioners have retired only to yearn to get back into harness.

There is a time for everyone to retire. That is when he can no longer deliver the goods. Patients' actions will tell you in unmistakable terms when that time comes. Physicians who retire before then are passing up the best part of the life their M.D. entitles them to.

J. P. Wilkins, M.D.  
Mound, Minn.

## Slip

Your February article about the AMA trustees contained a glaring inaccuracy. You referred several times to Dr. Dwight Murray as "Dr. Dwight Morrow." I am sure you

want to give due prominence to Doctor Murray as one of the trustees. We in California are very proud of the work he is doing for American medicine.

E. Vincent Askey, M.D.  
Los Angeles, Calif.

*A sincere apology to Doctor Murray; a needle to our proofreaders for living in the past.*

## 'Lackeys'

I am no advocate of state medicine. But let the medical profession continue to make lackeys out of general practitioners, to close hospitals to all but the little gods of their staffs, and you will live to see a ward boss cracking the whip over what's left of voluntary medicine.

W. R. Dupree, M.D.  
Arnold, Mo.

The medical profession is top-heavy with specialists. Many a layman who calls a doctor today gets the reply that the physician is "not engaged in general practice." The patient is likely to go on down the list, find that the great majority of M.D.'s are specialists, and finally hit on an osteopath.

As for the ineptitude of osteopathy, no better evidence exists than



## IN THE MENOPAUSE *and* *Emotional* *Upheavals*

Although hormonal therapy is efficacious in combatting the psychomotor disturbances of the menopause, the use of sedative medication is not infrequently required to restore the emotional balance more rapidly. Bromidia—containing chloral hydrate, potassium bromide, and hyoscyamus—has long been used for this purpose. In dosages of one-half to one dram three times daily, it produces dependable, relaxing sedation which quickly controls the annoying psychomotor tension. Bromidia is also valuable in the treatment of transient emotional shock, undue apprehension, and nervous irritability. When hypnotic influence is required, 2 to 3 drams of Bromidia produce refreshing sleep of 6 to 8 hours duration, free from hangover or drowsiness after awakening...Bromidia is available on prescription through all pharmacies.

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**BROMIDIA**  
(BATTLE)

the fact that the osteopath himself is doing his best to get away from it. But whenever an osteopath finds that a patient needs surgery or other major treatment, he refers the patient to another osteopath. Thus, medical specialists will eventually find themselves high and dry.

The remedy, it seems to me, is to add greater dignity to the work of the general practitioner. Instead of referring to him as "on the way out," the importance of his work should be stressed. We in Michigan have attempted to do our bit by finding an honorable place for the family doctor in the hospital as well as in the home.

L. J. Gariepy, M.D.  
Detroit, Mich.

I see only two ways in which G.P.'s can survive: (1) by banding together with other G.P.'s in a national organization that can make its influence felt by sheer weight of numbers; (2) by building hospitals in which only G.P.'s will be permitted to practice, with specialists coming in on a consulting basis only.

Unless steps like these are taken soon, the G.P. will be relegated to a status lower than that of a midwife.

M.D., Ohio

### *Retort*

We who went to medical school during the war were not draft-dodgers, as a Michigan doctor implied in your February issue. I vis-

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# CAN ANY INFANT CEREAL COME UP TO THIS?

**For ingredients...** Clapp's Instant Cereal is made from the following ingredients: whole-wheat meal, corn meal, wheat germ, malt, nonfat dry milk solids, calcium phosphate, dried brewers' yeast, salt, and iron ammonium citrate.

**For nutritional values...** While the quantity of Clapp's Instant Cereal used may vary considerably for the individual,  $\frac{1}{2}$ -oz. and 1-oz. quantities may be considered average daily amounts for the infant and young child respectively. These amounts furnish the following

percentages of the minimum daily requirements:

*For infants*, vitamin B<sub>1</sub>—120%, vitamin B<sub>2</sub>—20%.

*For young children*, vitamin B<sub>1</sub>—60%, Iron—113%, Calcium—32%, Phosphorus—22%.

Because the essential Calcium, Phosphorus, and Iron requirements of infants, and the vitamin B<sub>2</sub> requirements of children vary so widely, it is impracticable to establish minimum daily requirements.

**For taste...** Hundreds of cases are on record in which infants who refused other cereals accepted Clapp's Baby Cereals readily. Reports are constantly received from mothers of marked improvement in their babies' appetite for cereal when Clapp's was substituted for brands formerly used.

**For texture...** The fine, but definite, texture of Clapp's Baby Cereals is readily accepted by babies. This texture, marking a distinct advance over a liquid diet, prepares the infant for later progress to solid food.

The Council on Foods of the A.M.A. suggests that infants' cereals may well be selected upon the basis of furnishing vitamin B<sub>1</sub> and Iron. Both Clapp's Instant Cereal and Clapp's Instant Oatmeal are excellent sources of these two food elements.

**For generous professional samples write Dept. B-4:**

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## CLAPP'S BABY CEREALS

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AMERICAN HOME FOODS



# Triple aid in SKIN THERAPY

## CAMPHO- PHENIQUE

(Phenol 4.75%, Camphor 10.85%  
in an Aromatic Mineral Oil Base)

**combines Analgesic  
Antipruritic and  
Antiseptic Properties**

To promptly relieve the wide variety of minor skin irritations and injuries requiring treatment, many Doctors for years have used and prescribed Campho-Phenique Liquid Antiseptic Dressing. It works as a mild surface anesthetic to relieve itching and pain, combats swelling and secondary infection associated with

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**Intertrigo • Athlete's Foot**

**Pruritus • Impetigo • Herpes**

**SEND FOR FREE BOTTLE**



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Please send me a free bottle of Campho-Phenique Liquid Antiseptic Dressing.

Name .....

Address .....

City.....State.....

ited my local Army recruiting office at the beginning of the war. I was told in no uncertain terms to get back to medical school where I belonged.

Nor would I say that going through medical school without any vacations was all beer and skittles. Ten per cent of the men in my ASTP class are now permanently impaired by diseases caused by overwork.

I became disabled after my internship. Now that I'm well enough to do light work, prospective employers balk when they see my service record. They make it clear that, from their point of view, I wasn't really in service at all.

M.D., Pennsylvania

## Score

The people of my county would be sadly lacking in medical attention if I could care for no more than six or eight patients daily. Yet "M.D., Michigan," in your February issue, says that's the greatest number a physician can treat without "short-changing" them.

I deny it. Let your correspondent consider the following:

In my Texas county of 17,000-plus, there is one other active M.D. We are both general practitioners and are both located in the county seat. Since my return from the Army I have averaged more than thirty patients daily, including both home and office visits. I also take care of a moderate amount of major and minor surgery and obstet-



# dialysis...

Determination of the osmotic pressure of SAL HEPATICA by dialysis demonstrates its "liquid bulk" action in the gut. Through the increase in fluid content, gentle pressure is exerted on the mucosal nerve terminil to stimulate normal peristalsis toward laxation or catharsis.

The desired action of this balanced saline can be easily controlled by the physician through proper regulation of dosage. Economical. Speedy, thorough action throughout the entire canal.

## **SAL HEPATICA**

*A professional product of*

**BRISTOL-MYERS COMPANY, 19 WEST 50th STREET, NEW YORK 20, N. Y.**

# BRUCELLOSIS

UNDULANT FEVER

- ★ 10% of the population of this country has been infected—as estimated by Gould and Huddleston, 1938.
- ★ Brucellosis should always be suspected, wherever low grade fever, or extreme fatigue, headaches, etc. are persistent. Investigators have stated that 25% of all chronic cases will react positive to Brucellosis, when tested.
- ★ Brucellosis now has been recognized as an important public health problem in this country, according to Carpenter.



## COLMETANESE

Clinical reports from doctors who have treated their Brucellosis cases with Colmetanese are uniform.

**RESULTS ARE PROMPT  
NO REACTIONS  
NON-TOXIC  
NO INTOLERANCE**

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ME-4-47

**SEND  
COUPON  
TODAY!**

Please send me

- \_\_\_\_\_ box Colmetanese—12 five cc.  
ampoules @ \$10.00 per box  
\_\_\_\_\_ box Colmetanese—25 five cc.  
ampoules @ \$17.50 per box  
I enclose \_\_\_\_\_ ☐ Please send C.O.D.

Dr. \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_

rics. This work is done with the aid of two nurses.

My patients don't feel that they have been "short-changed." And neither I nor my colleague, who could give you a similar statement, is a "pill-peddler."

M.D., Texas

Come on over, "M.D., Michigan," and I'll show you how to care for more than six or eight patients a day. You will learn how to drive an average of 100 miles a day, make up to 125 home calls a week, see as many as 75 patients in one day, and deliver 125 babies a year. (Of course, taking care of a load like this can't be done on the basis of 2-4 P.M. office hours.)

I may not live to be a hundred, but I am happy and am giving a good grade of medical care even if I am pill-peddling.

M.D., Wisconsin

## Rugged

The great majority of doctors don't want prepaid medical care now any more than they wanted it a few years ago. Even fear of Government control won't elicit their wholehearted cooperation in the voluntary movement.

Though voluntary health insurance plans are forming throughout the U.S., I think most of them will be thrown into the discard in the near future. Most physicians don't want to practice medicine that way. They don't want to be regimented by the Government *or by anyone else*.

M.D., Washington



## AN EFFECTIVE HEMATINIC

In the prophylaxis and treatment of hypochromic anemia, Endoglobin tablets supply an effective combination of B vitamins, liver, and iron. Its usefulness as a hematinic has been established in debilitated states, and during pregnancy, adolescence, and old age.

**Each Endoglobin\* tablet contains:** Liver Residue (secondary fraction) from 10 Gm. of fresh liver, 0.2 Gm. Ferrous Sulfate Exsiccated, 0.2 Gm. Thiamine Hydrochloride, 1.0 mg. Riboflavin, 0.66 mg. Nicotinic Acid, 10.0 mg.

**Also available:** Endoglobin-C tablets containing, in addition, 50 mg. ascorbic acid per tablet. Endoglobin-C tablets are useful in hypochromic anemias with a concomitant deficiency of vitamin C. Both Endoglobin and Endoglobin-C are available on prescription in bottles of 100 tablets.

ENDO PRODUCTS INC., Richmond Hill 18, N. Y.

Endoglobin



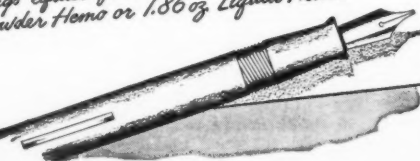
# Why many doctors

*Hemo compared with minimum daily adult requirements.\**

	Minimum daily adult requirements	Two servings <sup>**</sup> of Hemo and 16 fluid ounces of milk (2 glasses)	Two servings <sup>**</sup> of Hemo
Vitamin A	4000 U.S.P. units	4900	4000
Vitamin B <sub>1</sub>	333 U.S.P. units	400	333
Vitamin B <sub>2</sub>	2 milligrams	3	2
Vitamin D	400 U.S.P. units	410	400
Niacin amide	Not yet established	10.3 mg.	10 mg.
Iron	10 milligrams	15.7	14.7
Calcium	750 milligrams	950	376
Phosphorus	750 milligrams	750	288

\* As set by Federal Security Administrator under authority of the Federal Food, Drug and Cosmetic Act. (Hemo does not contain Vitamin C.)

\*\* Two servings equal four teaspoonfuls Hemo-1.33 oz. Powder Hemo or 1.86 oz. Liquid Hemo.



# s recommend Hemo<sup>\*</sup>:

**SUGGESTION:** (*After you've read chart on left*)

From your patient's point of view—the *flavor* of a food drink is often of considerable importance.

But Hemo's flavor cannot be measured, as Hemo's vitamins and minerals are, in specific U.S.P. units or milligrams.

That is why we suggest you actually try a glass or cup of Hemo *yourself*. Hot or cold, Hemo makes a rich and delicious, as well as highly nutritious, milk-chocolatey drink.

Hemo comes in two forms—powder and liquid. A serving consists of two teaspoons of either in a glass of milk.

A twenty-four serving can of Hemo is available upon request. Write to the Borden Company, Dept. ME-27, 350 Madison Avenue, New York 17, N. Y.

## *Borden's* Hemo



IF IT'S BORDEN'S, IT'S GOT TO BE GOOD!

POWDER OR LIQUID

Available in all drug and grocery stores!

<sup>\*</sup>Reg. U. S. Pat. Off.

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Calling your attention to



TRESAN

...a new, highly effective  
analgesic—antispasmodic formula

Indicated in the treatment of:

- Simple headaches and neuralgias
- Bodily discomfort due to colds
- Primary dysmenorrhea
- Certain types of colic

Each TRESAN tablet contains a synergistic combination of:

- 1/128 gr. *atropine aminoxide hydrochloride*
- 1½ gr. acetophenetidin
- 3½ gr. acetylsalicylic acid

Because of the inclusion of *atropine aminoxide hydrochloride*, TRESAN's usefulness has been extended beyond the limitations of general analgesics alone.

TRESAN is packaged in a sanitary, convenient - to - use slide package of 12 tablets.

Check enclosed postcard or write for booklet "COMBINED THERAPY" covering full therapeutic range, dosage and clinical references. Professional sample available.

**DOSAGE:** As a general analgesic — 1 tablet every four hours or as required, preferably given fifteen minutes before meals. In primary dysmenorrhea—1 or 2 tablets at onset of painful period. Repeat 1 tablet every four hours as needed. Caution: Frequent and continued use is inadvisable. Should be given to elderly patients with care.



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Now! For greater convenience in prescribing-  
**DIETENE'S** *Accessory Feeding*  
 becomes **Meritene**

*Available in both plain  
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Greater efficiency and convenience can now be yours in prescribing DIETENE's accessory feeding product by its new, easily-remembered name, "MERITENE".

MERITENE is the same product you have known and appreciated as DIETENE Accessory Feeding. The formula has not been changed in any respect; as MERITENE it continues to be a valuable high-protein supplement for use in difficult dietary cases.

However, you may now avoid any possible confusion with the companion product, DIETENE Reducing Supplement, by prescribing MERITENE.

*Achieve highest patient co-operation now—by prescribing MERITENE, DIETENE's accessory feeding product.*

**R<sub>y</sub>** You will find MERITENE's high protein, rich vitamin and mineral content a distinct aid in assuring adequate nutrition for patients requiring special, high-protein gastro-intestinal, bland, pre-natal or post-operative diets. MERITENE is palatable, adaptable, easy to prepare and use.

**THE DIETENE COMPANY**

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Manufacturers of Meritene Accessory Feeding and Dietene Reducing Supplement



Patients, or doctors, nervous as cats because the caffeine in coffee keeps them awake, can drink delicious caffeine-free Sanka Coffee . . .

and sleep!



Sanka Coffee

*All coffee . . . real coffee . . . finest coffee . . . 97% caffeine-free!*

A Product of General Foods

**NOW!** Sanka comes in *two* forms! New Instant Sanka as well as Regular Sanka for percolator or drip method!

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Mark up another I.V.C. triumph!

# NEW **P.H.V.** GRANULAR

FIRST PROTEIN HYDROLYSATE  
WITH A COMPLETE  
CHEMICAL ANALYSIS OF EACH  
ESSENTIAL AMINO ACID!

Once again, International Vitamin Corporation fills a long-felt requirement of the Medical Profession with a most pleasant-tasting protein hydrolysate preparation. The new "P.H.V. Granular"—a combination of protein hydrolysates, carbohydrate and vitamins in a proper scientific balance—promises to become an essential in the treatment of exhaustion due to over-exertion, in the management of convalescence, in preparation for surgery and as a dietary supplement in cases of malnutrition and anemia (including pregnancy anemia).



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**3 advantages...**



- 1 "Premarin"** ... Effective when given by mouth
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- 3 "Premarin"** ... Highly potent

"Premarin" provides an effective medium for the management of the menopausal patient. Prompt alleviation of distressing symptoms with comparative freedom from untoward effects may usually be anticipated with this conveniently-administered natural estrogen. To these advantages may be added the emotional uplift which is frequently reported following therapy and is invariably described by the patient as a feeling of well-being...therapy with a "plus."

The average suggested dosage is 1.25 mg. to 3.75 mg. daily. Once symptoms have subsided, dosage may be gradually reduced to a maintenance level of 0.625 mg. daily or less.

"Premarin" is available as follows:

Tablets of 1.25 mg. in bottles of 20, 100 and 1000.

Tablets of 0.625 mg. in bottles of 100 and 1000.

Liquid containing 0.625 mg. per 4 cc. (one teaspoonful) in bottles of 120 cc.



CONJUGATED ESTROGENS  
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## Sidelights

Medical societies have come a long way since the days when monthly scientific meetings represented just about their sole interest. One evidence of the broad scope of today's society is found in the tax problems it faces.

Internal Revenue operatives formerly exempted medical societies from income taxation because they were organized for "scientific and educational purposes" and because no substantial part of their money was spent to influence legislation. Today a third of our state medical societies have been denied classification as scientific organizations. Instead, like the AMA, they are listed as "business leagues." They continue to be exempt from income taxes, but they must pay social security taxes.

In a few cases, even the income tax exemption has been challenged. The diverse activities of modern medical societies have dimmed the view that a society should, *ipso facto*, be tax-free. In one state, for example, Internal Revenue agents pounced on county societies for back income taxes and penalties. The reason given was that the societies had been receiving funds from state welfare boards for indi-

gent care, then paying these funds to M.D.'s who did the work. Because the societies' income technically "inured to the benefit of individuals," their exemption was denied.

Medical societies operating as intermediaries between the Veterans Administration and private physicians may find their tax-exemption nullified by this activity, too. Let them find out, then, just what their tax status is and what that status requires. Better to know the ground rules now than to be caught in the rough later.



"Public relations are the sum total of private relations," says the AMA's executive assistant, Charles M. Swart. Though the association will spend \$300,000 a year on its Rich inspired program, it still looks to the individual physician to make medicine's reputation with the public.

Of all private relations, few can match in significance that of the politician and his private physician. In Illinois, for example, the medical society has benefited from a close relationship that has been developed between the Governor and



## Brilliant Therapy in Pharyngitis

# CĒPACOL

ALKALINE GERMICIDAL SOLUTION

- a powerful non-mercurial antiseptic
- a mucin-clearing detergent
- a pleasant, soothing alkaline solution

The powerful bactericidal action and foaming detergency of Cēpacol, together with its freedom from toxicity or irritation in clinical use, recommend this soothing alkaline solution for infections and inflammations of the pharyngeal mucous membrane.

Cēpacol is pleasant and refreshing when used as spray or gargle.

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# MERRELL

1828

THE WM. S. MERRELL COMPANY  
CINCINNATI, U. S. A.

his personal physician. This society has discovered a simple truth: When a policy-maker's M.D. is broad-minded and articulate, doctors in his district are apt to have a larger share in shaping legislation affecting private practice.

The idea is worth mulling over in any area that boasts a home-grown politician. If medicine's views are put forth on a man-to-man basis from time to time, the Governor, Senator, or candidate is likely to listen more sympathetically than to the best-worded resolution.



What to do about the medical care of employees of small industrial plants has been a long-time brow-furrower. Seldom do plants employing fewer than 500 need full-blown industrial medical departments; yet a sizable segment of the country's workers punch time-clocks in small establishments.

Physicians in Philadelphia and Brooklyn have tinkered with part-time solutions that offer promise. They have found it practicable for a trained industrial M.D. to serve several plants at a time. As a guide, they use schedules developed by the National Association of Manufacturers and by the U.S. Chamber of Commerce. The schedules show the minimum time a physician and a nurse should spend at any plant, depending on the number of employees and on the type of business.

Experience has shown that part-time service is worthwhile. What's

WATER

PEN  
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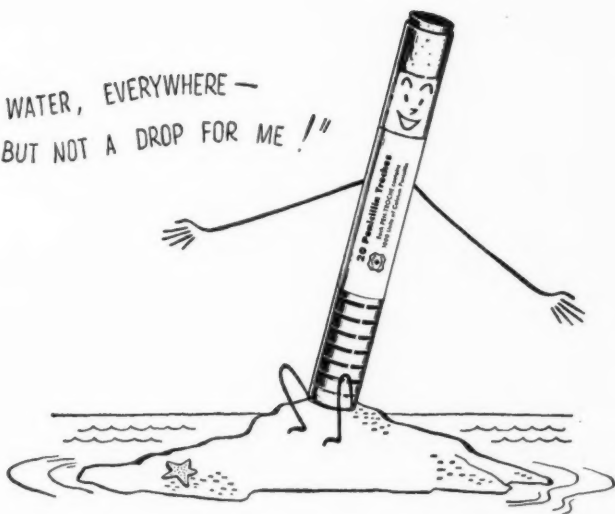
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"WATER, WATER, EVERYWHERE —  
BUT NOT A DROP FOR ME!"



## **PEN-TROCHES CUTTER — sealed DRY for stability — offer better control of penicillin-sensitive oral infections!**

Penicillin and water do mix—but penicillin always comes out the loser. Why? Because "*as long as you have water with it, it is unstable.*"\*

That's why *no water* goes into Pen-Troches when they're massed. Moreover, it explains why you find Pen-Troches in sealed, moisture-proof vials—never in bulk—since even atmospheric moisture can quickly destroy penicillin potency.

Pen-Troches contain 1000 units of penicillin, chemically bound to be slow dissolving. Placed between gum and cheek, each troche should last a full two hours—maintaining a high

penicillin level in the saliva. There's no aromatic flavoring to tempt your patients to "tongue and chew."

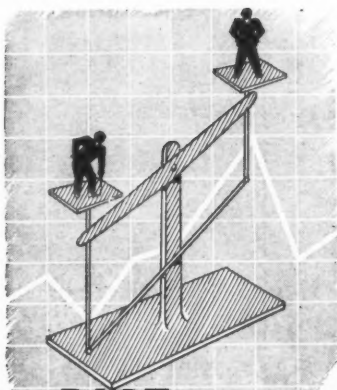
Assure your patients of a fully potent penicillin product—*specify* Pen-Troches Cutter in the original, moisture-proof vial.

Cutter Laboratories, Berkeley, California  
Chicago • New York

# **CUTTER**

Fine Biologicals and  
Pharmaceutical Specialties

\*Fleming, Sir Alexander  
*Modern Medicine* 8:12:57, December, 1945



## THE RISE AND FALL OF ARTHRITIC SYMPTOMS

As a result of the interesting parallelism between hepato-biliary and intestinal dysfunction and articular manifestations\*, many physicians now include in the therapeutic management of their arthritis cases the routine administration of a saline eliminant, cholagogue, diuretic and sulfur-releasing detoxicant such as Occy-Crystine. They rely upon its effective four-fold action to provide thorough evacuation, improve hepato-biliary function, promote renal toxin elimination and release colloidal sulfur.

**FORMULA:** Occy-Crystine is a hypertonic solution containing the following ingredients: sodium thiosulfate and magnesium sulfate, to which the sulfates of potassium and calcium have been added in small amounts, contributing to the maintenance of solubility.

*Liberal trial supply available  
to physicians on request*

\*Spackman, E. W. et al: Am. J. M. Sc., 202:68, 1941.

OCCY-CRYSTINE LABORATORY • SALISBURY, CONNECTICUT

# OCCY-CRYSTINE

**The Sulfur-Bearing Saline Detoxicant-Eliminant**

more, manufacturers are learning (albeit slowly) that it fills a pressing industrial need. Vigorous promotion is the next step. It deserves a top spot on 1947's medical agenda wherever the wheels of small industry turn.



People whose creed is plain talk are apt to stir uneasily when conversations turn to health insurance. Terms like "voluntary prepayment medical care plans" threaten constantly to dislocate any verbal give-and-take. What's needed seems to be a simplified prepay vocabulary.

That the problem is of more than academic interest is shown in the experience of individual prepay plans. Many of them have discovered that a short, talkable title makes enrollment much easier. If the name of a plan happens to be something like "The Medical-Surgical Service Association of Eastern and Lower Mesopotamia," the potential subscriber may simply say, "the hell with it."

"Blue Cross" is a good, punchy title. "Blue Shield" seems a promising counterpart for medical plans. One commercial insurance company makes a bold try by naming itself "Insuromedic." More of that kind of titling is needed. The editors hereby offer a lifetime supply of blue pencils, slightly worn, to readers who can suggest brief, descriptive, catchy synonyms for (1) "compulsory health insurance" and (2) "voluntary prepayment medical care plans."



## You know the importance of the psychological effect of tasty food!

**W**hen the patient is recovering from an illness, what can raise the spirits or help to speed the convalescence more than foods that *look and taste* delicious?

That's why Knox Gelatine is such a joy. It's so easy to make tempting dishes that tempt even a flagging appetite. So many different recipes to choose from: so many of them made with real fruits or real vegetables, flavored with

their good, natural juices. Patients are able not only to enjoy the fresh flavors but to benefit by the natural vitamins.

Knox Gelatine, unlike flavored gelatine powders which are  $\frac{7}{8}$  sugar, artificially flavored and acidified, is all protein, contains no sugar.

**FOR FREE BOOKLET, "Feeding the Patient,"** write to Knox Gelatine, Dept. 448, Johnstown, N. Y.

# KNOX GELATINE

ALL PROTEIN, NO SUGAR



# The "Versatility Plus" X-RAY COMBINATION

Keleket KY Mobile Unit  
with Type 'A' Table

For  
Office  
and Clinic



*Here's true "streamlined" efficiency  
in mobile x-ray equipment.*

*The Combination pictured here consists of:*

The KELEKET KY Mobile Unit. Quickly, easily wheeled where you want it . . . adjusted to any position. Has adequate power for a wide range of radiographic and fluoroscopic procedures. Exclusive Telescopic Carriage affords complete flexibility. Tubehead may be positioned under table for fluoroscopy.

The KELEKET Type "A" Table. A sturdily built, convenient office

accessory. Used with the KELEKET Mobile Unit, it provides a complete radiographic-fluoroscopic Combination. This moderately priced table incorporates a traveling bucky diaphragm (optional).

For complete information on the KELEKET KY Mobile Unit and Type "A" Table, ask the KELEKET representative in your city—or write us.

**The KELLEY-KOETT**

2604 WEST FOURTH ST.

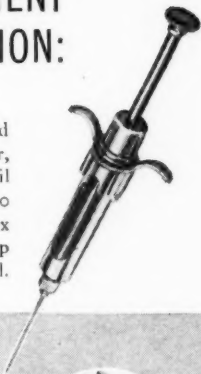


**Manufacturing Co.**  
COVINGTON, KY.

# ANOTHER NEW DEVELOPMENT IN HYPODERMIC MEDICATION:

## Tubex® Syringes and Needles

Tubex Syringes and Needles have been designed and made by Bishop for a specific purpose—to make safer, easier and faster the administration of Penicillin in Oil and Wax "Wyeth." As the illustrations show, 300,000 units can now be injected in less than 30 seconds. Tubex syringes and needles, developed and produced by J. Bishop & Co., are used exclusively by Wyeth, Incorporated.



### HERE IS HOW YOU DO IT:



**1**  
The 20 gauge, 1 1/2 inch needle is attached to the Tubex Syringe. (Both must be sterile and dry.)



**2**  
The Tubex cartridge may be warmed under a hot water tap to increase fluidity. The plain end is wiped with antiseptic, inserted into the syringe, and pressed down till pierced by inner point of needle.



**3**  
The syringe brooch is then closed. The plunger is advanced and screwed firmly onto the threaded Tubex shaft, thus providing positive control, and permitting aspiration to guard against injection into blood vessel. Needle may be cleaned for reuse.

Tubex is only one of many Bishop developments in the field of hypodermic medication. During the recent wartime years, millions of Bishop "Blue Label" Needles made an outstanding record for service with the armed forces. The "Albalon"\* Needle, introduced by Bishop scarcely a year ago, has already made possible new and

better hypodermic techniques.

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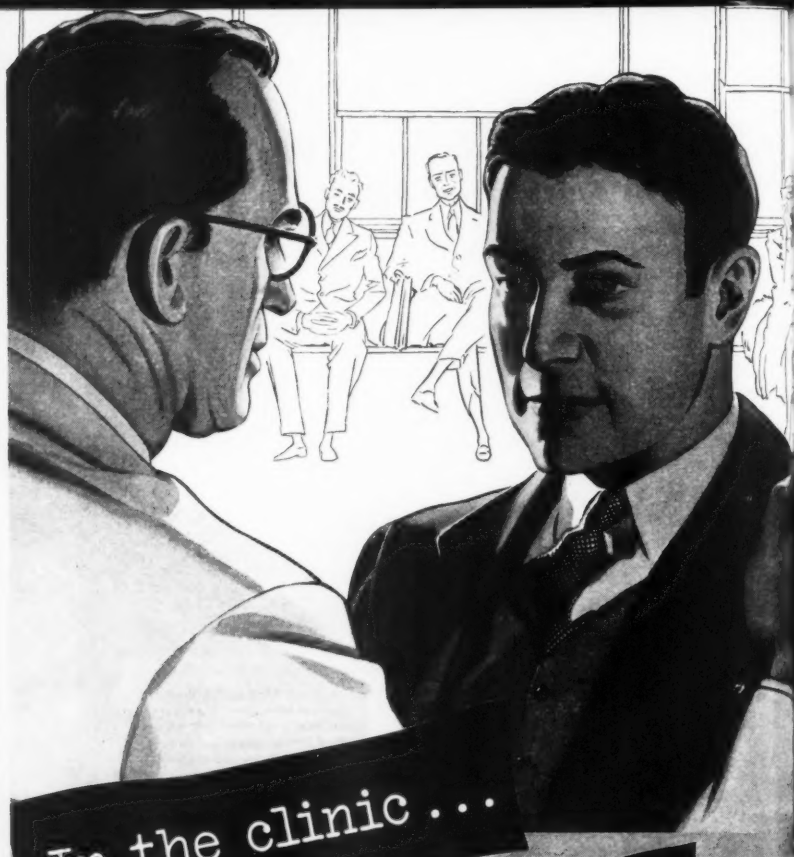
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# steroid therapy in arthritis

For more than twelve years Ertron—Steroid Complex, Whittier—has been employed in the treatment of arthritis in leading university and hospital clinics, and in private practice.

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Each capsule contains 5 milligrams of activation-products having antirachitic activity of fifty thousand U.S.P. Units. Biologically standardized. Ertron is supplied in bottles of 50, 100, and 500 capsules.

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# Editorial

## Turnabout Tale

The standard-bearers for socialization used to be fond of comparing public education and public medicine. "If public education is a good thing," they'd ask, "wouldn't public medicine be a good thing too?"

As long as the country's school system was looked on with favor, the analogy served its users well. It made many a convert to the doctrine of tax-supported medical care.

But now our schools are being held up as never before to the hot light of public scrutiny. Recent investigations have precipitated a flood of unfavorable publicity on the subject. People are wondering whether public education is all it was cracked up to be.

The socializers may consider it impolite for anyone now to toss their old analogy back at them. But here is the record in 1947:

Six thousand public schools will be shut this year through lack of teachers. Some 75,000 children will have no schooling; 5 million others will get inadequate schooling.

*Would public medicine be any more dependable?*

One out of every seven public school teachers is serving today on an emergency, substandard certificate. Some 60,000 instructors entirely lack college training.

*Would public medicine do more to preserve professional standards?*

Buildings, textbooks, and equipment in some public schools are hopelessly below par. Schools built before the Civil War are still in use. History and geography books in many areas make no mention even of World War I.

*Would public medicine equip its practitioners more adequately?*

Lay school boards are the bane of many a teacher's professional existence. They tell him what books to use, what syllabus to follow, what teaching methods to employ. They inject an element of regimentation into public education that hurts both teachers and pupils.

*Would public medicine be less subject to political interference?*

The average public school teacher gets but \$37 a week. His morale is cracking fast. Strikes are frequent. More than 250,000 teachers have quit their profession since 1941.

*Would public medicine be better able to hold its practitioners?*

Thirty years ago the nation spent \$20 per public school pupil per year. Today the figure tops \$100. Some say that, given efficient administration, the \$100 figure would suffice; others demand up to \$400.

*Would public medicine show less multiplication of costs?*

People are beginning to draw their own conclusions.

—H. SHERIDAN BAKETEL, M.D.

# Place Your Building This Way!

*An assortment of plans for various  
types and locations of lots*



In planning a lot for your medical office, the first rule is to make a list of your objectives: efficiency of access, proper orientation, privacy, comfort, ease of maintenance, economy. You may not hit all of them, but at least you'll know what you're aiming at.

Let's consider your own arrival and departure. Your car should be like your overcoat. You take it off when you arrive, not fifty yards before you arrive. You put it on when you leave, not after you leave. That means an attached garage. The detached garage is a hangover from the horse and buggy days. And since driveways cost money to build, money and muscle to keep clear, let us have as short a driveway as possible. We start our plot plan, then, with an attached garage, close to the street.

Your patients appreciate being spared a long walk, too. So let us

have their entrance as close to the street as we can get it, remembering, however, that walkways are easier to build and clear than driveways.

Because the entry, reception, and waiting areas are closely related, the location for the patients' entry is determined by the best position in the plan of the waiting-reception element. Waiting rooms should have southern exposure, if possible, and cross ventilation.

Examination and treatment rooms should have northern light, which is fairly steady and free from glare. Since your consultation room is in this area, your private entry and the door to the garage begin to place themselves.

In built-up areas plots are of two general types—interior or corner. Is yours an interior lot on the north side of the street? Let's try a diagrammatic solution. The arrow indicates patients' entry; the letter P stands for patients' reception and waiting area; D stands for the doctor's examination, treatment, and consultation rooms; G is the garage; and the star is your private entry.

Look at the first diagram. The

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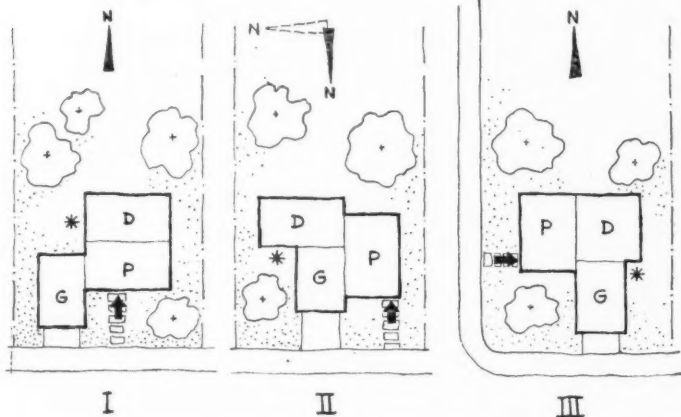
► The author, Eugene Raskin, is Assistant Professor of Architecture at Columbia University.

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garage is close to the street, attached to the building. The patients' walk is short; the waiting area is oriented to the south with cross ventilation. Your own working area has north light and full privacy from the street; the entry to it is convenient. This is a plot plan that gives economy, efficiency, and comfort with a vengeance.

corner plot. The third diagram shows how smoothly the plan for this resolves itself. It's drawn for the northeast corner of the intersection, but by turning the plan around it will fit any of the other three corners.

How about parking space? If you see patients by appointment only, there will seldom be more than one



Is yours an interior plot on the south side of the street? With some juggling, the second diagram gets as good results as the first. Part of your area faces south, but the windows can face east or north.

Are you on the east side of a north-south street? Turn the compass arrow of the second diagram in the dotted direction and see how well the plot plan works. For the west side of the street, flop the plan over so that it appears as it would be seen in a mirror.

If you are fortunate, yours is a

or two cars parked outside; so the street should be enough. If, however, you have office hours, you may want to set aside as much as half an acre of parking space on your plot. For conditions in between these two extremes, estimate the number of cars likely to be waiting outside at peak times and see if your street frontage (at 20 feet per car) can take care of them all. If not, provide off-the-street parking space for the balance. A safe estimate is  $\frac{1}{4}$  acre for every thirty cars.

—EUGENE RASKIN

## What's in the Taft Health Bill

*S.545 calls for a grants-in-aid  
plan and a new U.S. agency*



Senator Taft's National Health Bill of 1947 (S.545)\* has two main objectives:

¶ Creation of a National Health Agency that would control all major health functions of the U.S. Government, except those of the Army, Navy, and Veterans Administration. Its administrator would be a doctor of medicine.

¶ Establishment of a continuing grants-in-aid program to assist the states in providing health services for the medically indigent. (The bill authorizes two separate programs, one for medical and hospital services, another for dental services.)

In addition, the bill would authorize the Government to (a) assist the states financially in making surveys of medical, hospital, and dental needs; (b) establish a National Institute of Dental Research as a division of the National Institute of Health, and give it up to \$600,000 a year; (c) appropriate \$10 million a year for cancer research by the PHS; (d) pay the

premiums of Federal employees who join voluntary health insurance plans; and (e) study the health activities of Federal departments and agencies with a view to transferring such activities to the National Health Agency.

### NATIONAL HEALTH AGENCY

The Taft bill would create the National Health Agency as an independent executive agency, not as a department headed by a Cabinet member. Its administrator, appointed by the President, would be paid \$15,000 a year. He would be responsible directly to the Chief Executive. The bill requires the administrator to be a licensed physician "who is outstanding in the field of medicine." This appointee would be responsible for

1. Administration of all Federal grants-in-aid to states for health activities, including medical and dental care, hospitalization, and hospital construction under the Hill-Burton Act.

2. The activities of the Public Health Service.

3. Promotion of maternal, prenatal, and child care by an office of

\*Introduced by Senator Robert A. Taft (R., Ohio) for himself and for Senators H. Alexander Smith (R., N.J.), Joseph H. Ball (R., Minn.), and Forest C. Donnell (R., Mo.).

Maternal and Child Health.

4. Control of purity, standard potency, and labeling of foods, drugs, and cosmetics, through the Food and Drug Administration.

5. Training and rehabilitation of

those handicapped by permanent disability.

#### GRANTS-IN-AID

In immediate charge of the medical grants-in-aid program would be the director of the Office of Medical

### Grants-in-Aid Provided by The Taft Health Bill

**PURPOSE:** To help the states provide medical, dental, and hospital services for persons unable to meet their full cost; to help the states conduct periodic physical and dental examinations of school children.

**METHOD:** Grants-in-aid to qualifying states, each state to match its Federal grant dollar for dollar. A formula based upon population and tax-paying ability would determine each state's share of Federal funds.

**COST:** For medical and hospital services, a Federal appropriation of \$200 million annually for five years. Subsequent appropriations would be determined by Congress. For dental services, \$8 million would be appropriated the first year; a maximum of \$20 million yearly would be reached in 1951.

**ADMINISTRATION:** *Federal* medical and hospital programs would be administered by the Office of Medical and Hospital Care Services, a component of the proposed National Health Agency. The dental program would be administered by the Office of Dental Care Services, another component.

*State* programs would be administered by any designated agency during the first five years; thereafter, by the state health department. Federal control is explicitly limited.

**PROFESSIONAL PARTICIPATION:** Methods of utilizing the services of doctors, dentists, and hospitals would be developed solely by the states.

and Hospital Care Services. The bill requires the director to be a licensed physician "outstanding in the field of medicine," with at least five years of active practice. Administratively, he would rank with the Surgeon General of the PHS.

In administering the grants-in-aid program, the director would consult with a National Medical Care Council, of which he would be a member *ex officio*. The eight other members, four of them M.D.'s, would be appointed by the NHA administrator. The council would meet at least four times yearly, its members being reimbursed on a *per diem* and expense basis.

*Preliminary state surveys:* Three million dollars would be distributed among the states on a matching basis for surveys. Each state would be required to inventory its health services, public and private, and to indicate how they might be made available to all persons.

*Continuing state role:* S.545 is designed to reduce Federal control to

a minimum. It makes few stipulations as to the role of states and specifically prohibits Federal interference with the administration of state programs.

To qualify for participation, each state would have to

1. Designate an official agency (any such agency) to administer the program for the first five years. After that, the state health department would take over.

2. Draw up a program to achieve the following aims: (a) medical and hospital services for those who could not pay for them in whole or in part; (b) periodic physical examination of all school children, regardless of economic status.

The state would be given wide latitude in deciding how to achieve these aims. It could, for example, provide medical care in hospitals or clinics, in the home, or in physicians' offices. It could utilize voluntary prepayment medical care programs. It could subsidize physicians in areas unable to support them otherwise. It could utilize public or private nonprofit hospitals, or both. The bill does stipulate, though, that any beneficiary who could pay for part of the services would be required to do so.

Each state would be expected to review the workings of its program periodically. It would have to submit recommendations for any modifications it deemed necessary.

The administrator is directed to approve any plan that would accomplish the aims prescribed by S.545.

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### Handitip

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## For the Record

A dictating machine within reaching distance of your desk will help you to summarize telephone conversations and to record notes while they are fresh in your mind. Desk models take up little more room than a telephone.

## National Health Agency Provided By the Taft Health Bill

Under the M.D.-administrator of the National Health Agency would be these units, all ranking equally:

*The U.S. Public Health Service*

Transferred from the Federal Security Agency.

*The Office of Medical and Hospital Care Services*

Established by the National Health Bill.

*The Office of Dental Care Services*

Established by the National Health Bill.

*The Office of Health Statistics*

Established by the National Health Bill to take over functions now controlled by the Commissioner of the Social Security Administration.

*The Food and Drug Administration*

Transferred from the Federal Security Agency.

*The Office of Maternal and Child Health*

Established by the National Health Bill to take over functions now controlled by the Children's Bureau.

He could not disapprove it merely because he did not like the methods proposed. If he did disapprove a plan, the state would have the right to appeal to the National Health Council. That body could then require the administrator to reverse his decision.

### DENTAL PROGRAM

The section of the Taft Bill pro-

viding for grants-in-aid for dental care is nearly identical with the section on medical care, except that proposed appropriations are smaller. It would set up an Office of Dental Care Services with a dentist-director. This office would be on an administrative par with the Office of Medical and Hospital Care Services.

—ROBERT M. HARLOW

# Attracting Doctors to Rural Areas

*Economic self-betterment of country towns is said to be the key*



"The medical profession is recovering from its lethargy. It is beginning to show signs of interest in the general practitioner and in rural health problems." In those words, Dr. F. A. Humphrey of Colorado sums up the National Conference on Rural Health, which recently probed deep into one of medicine's longtime trouble spots.

The farmer's dilemma is nothing new. A generation of M.D.'s has listened to doleful recitals of the farmer's low income, his high accident rate, his inability to get good medical care. What is relatively new is agreement by physicians and farm representatives alike that the problem is largely economic and that the communities themselves hold the key to its solution.

For the sorry state of rural medicine many farm spokesmen used to heap coals on the profession's head. A few still do. For example, Albert S. Goss of the National Grange says, "The feeling has become more and more general that the medical associations, instead of devoting their chief efforts to the improvement of medical standards, have been more interested in elim-

inating competition in the medical field."

But more typical today than such castigation are realistic analyses like that of Chester Starr of the Missouri Farm Bureau Federation. "Doctors are human beings," he says. "They are not to be shunted here and there upon the dictates of some Power—at least not in the United States. And since physicians cannot be forced into rural practice, it is up to the communities to attract them."

To draw physicians into rural areas, Mr. Starr believes, country townships must work toward these objectives:

- ¶ A reasonably high community income level.

- ¶ Good roads.

- ¶ Modern homes, good offices, good schools, good community life.

- ¶ Education of rural people to induce them to go to local doctors rather than to those at a distance.

- ¶ Hospital or medical center facilities.

- ¶ Sound public health services.

- ¶ Substantial enrollment in medical and hospital prepayment plans.

The alternative, says Mr. Starr,



Typical of the men who bear the brunt of rural medical care today is Dr. John Hodgen (above) of Brookfield, Mo. Like his physician-father, Doctor Hodgen has tended the ills of country folk for forty years. (He once attended the birth of sextuplets.) To bring professional aid to such men, farm spokesmen agree, rural towns must boost their standard of living.

is subsidization. But authorities, he adds, have long contended that subsidization will not work. The Public Health Service tried it during the war and managed to move only a handful of physicians into rural communities. Of 142 medical students who had received scholarships from the Commonwealth Fund on the condition that they practice at least three years in small towns, only two went permanently into the type of community that most needed their services.

"The best plan," says Dr. F. S. Crockett, chairman of the AMA Committee on Rural Medical Service, "is one that helps the individual and his community to help themselves. It will take longer; the individual must be educated to the value of what he is obtaining. But when better rural health is achieved through the efforts of many individuals, there is less likelihood that anyone will return willingly to lower standards of living."

J. Melville Broughton, former Governor of North Carolina, agrees that small towns will have to pull their weight. "Few communities in America," he says, "are in such condition that they cannot do something substantial toward a good health program. The time for looking to Washington for the solution of all our problems is past. No community without a hospital or health center should think of any other form of memorial for war heroes."

Mr. Broughton emphasizes preventive work by the community.

"Every child in a public school should be examined annually by a competent physician at public expense. Where poverty prevents the parents from obtaining needed treatment for the child, it too should be provided at public expense. In such a program, the right of free choice of physician or surgeon should be preserved."

Dr. Harrison Shoulders, AMA president, warns rural communities that they must use common sense in appraising their needs for medical care. "People's thinking on this subject is colored frequently by their memories of what used to be," he says. "They remember the attention of the old country doctor and the fact that he was near at hand. They remember the convenience and have forgotten the matter of efficiency."

Farmers will have to recognize that never again will there be a doctor at every crossroads, says Doctor Shoulders. He points out that modern physicians will not work without adequate facilities. The older practitioner would and did. "He got many bad results," says Doctor Shoulders, "but he was not blamed for it. He did the best he could. Today he would be sued for malpractice if he gave the same treatment."

Doctor Shoulders agrees that something must be done about the shortage of rural physicians. But he wants the states, counties, and towns to realize that they will have to carry a good part of the burden.

He believes that Federal and state governments have erred grievously in making grants-in-aid on a matching basis, instead of on a basis of need. He notes that under this formula prosperous counties receive aid because they can match the contribution while the poorer ones get nothing because they can't. "Had these millions of dollars been allocated on the basis of need," he declares, "there would not be a county in the U.S. without full-time preventive services."

Doctor Humphrey believes the medical schools can help, too. "A definite proportion of medical students should come from the rural areas," he says. "A boy who has been born and reared in or near a small town is much more likely to return to it than one who has known nothing but city life."

Moreover, he says, good rural physicians should be trained by the schools. "They should follow the example of Colorado University, which has established a residency in general practice following the usual rotating internship. In this

residency, the graduate studies medicine, pediatrics, obstetrics-gynecology, and surgery for periods of six months each. After this training, the doctor should be capable of caring for 90 per cent of the ills in a small town."

Doctor Humphrey contends that farmers must be educated in the principles of hygiene, much as soldiers are. He says, "Such important subjects as body cleanliness, dental hygiene, adequate water-supply control, proper disposal of sewage, care in handling milk and food, and the eradication of insects and rodents should be taught."

To this Mr. Starr adds: "Many of the alleged shortcomings of the medical profession and much of the unfavorable publicity of recent years stem from a lack of aggressive leadership in health education by local doctors. In my work I have found some medical men either lukewarm in supporting the work of health improvement or actively combating it."

Go out and sell your patients on the desirability of prepayment in-

## 'I'll Have to Look'

A newly hired receptionist was busy answering incoming calls for a small private hospital. One call was from a local doctor who asked her to schedule a dilatation and curettage. The receptionist, having in front of her a standard blank to fill out, asked sweetly, "Is the patient male or female?"

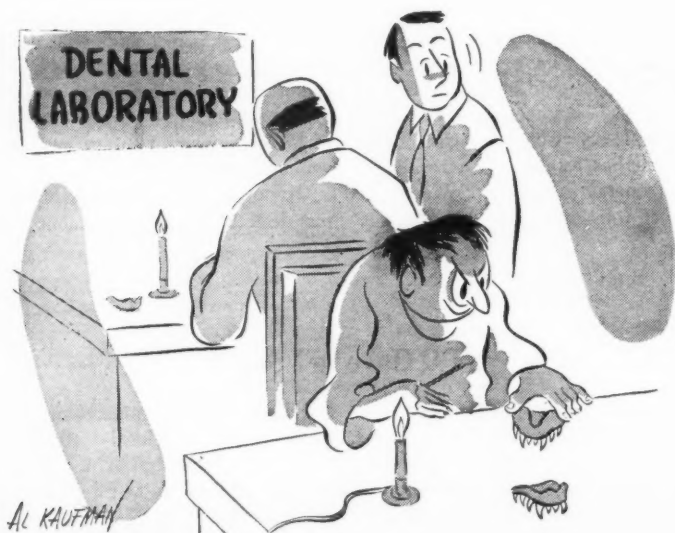
—THEODORE G. ECHLOV, M.D.

surance, Mr. Starr tells rural doctors. Dr. James R. McVay, vice chairman of the AMA Council on Medical Service, agrees that prepayment is best developed on the local level. Only about half the medical care plans are enrolling rural subscribers, he estimates; and they now have only half a million rural members. Blue Cross rural enrollment, he adds, has jumped 200 per cent since 1944 to a total of more than 1,600,000 subscribers and dependents.

Dr. McVay describes a cooperative drive under way in Weld County, Col. (population, 64,000). There, prominent business men, farm organization leaders, and club officials have formed the Agricul-

tural Health Association. In cooperation with the Blue Cross and its medical affiliate, Colorado Medical Service, the association is pushing enrollment and recently had 8,000 on its subscription lists. Elsewhere in Colorado, ten similar associations have been formed. Fifty-five have been organized in Iowa.

No one would hint that even a good dent has been made yet in the farmer's medical care dilemma. Nevertheless, more physicians are facing the problem squarely. More country dwellers are pondering how they can improve the economic condition of their home towns. In time, physicians may be drawn into areas that have been doctorless for a decade. —E. K. BUCHANAN



## Physicians Urge Higher Fees For Compensation Cases

*What's being done now to raise  
outdated fee schedules*



Recent months have seen a growing demand for higher fees in workmen's compensation cases. Schedules established before the war have been boosted only in isolated instances, and a number of M.D.'s are prodding their medical societies for action. Many assert that fees paid in their areas are substantially lower than those paid by the Veterans Administration.

In New York State, for example, where some 22,000 physicians are authorized to do compensation work, the general practitioner's fee for a first office visit in a compensation case is still \$3, the pre-war figure, while the V.A. allowance is \$5. For a unilateral herniotomy, the rate is \$75 in compensation cases and \$100 in V.A. cases. The state medical society has been trying for four years to get the compensation fee schedule raised—but without success, despite resolutions by its house of delegates and consultations with the state compensation board. Meanwhile, physicians' expenses and living costs continue to soar.

In other sections the same situation prevails. Even in states where

no fee schedule has been adopted there is grumbling that insurance carriers generally have refused to grant higher rates. The individual physician's complaint that his costs have increased has mainly been ignored.

In most states the law calls for a fee schedule that approximates "prevailing rates for persons of a like standard of living." But doctors by the hundreds have written to their medical societies saying that "persons of a like standard of living" pay them more in private practice than under workmen's compensation. And now that voluntary health insurance plans are operating in two-thirds of the nation's counties, the profession is beginning to notice that workmen's compensation fees are often below prepayment fees.

Supplementing almost every gripe about fee inadequacies is critical reference to compensation paperwork. Says one practitioner: "The workmen's compensation forms I have to fill out take more time than all other forms combined. For short-term cases, the fee I get is barely

enough to pay for the time and clerical work expended in writing them up."

Another angle, and an important one, is the effect of low fees on the quality of medical care. Evidence is piling up to show that (1) many highly skilled physicians have become reluctant to take on compensation cases; (2) workers in states where free choice is in effect have often been obliged to accept less than the best talent because the doctor selected "couldn't afford" to handle the case; and (3) bill-padding and rebating by unscrupulous practitioners have been greatly encouraged.

"If doctors were paid what they're worth," says a spokesman for a state society, "the better physicians would accept a larger percentage of the industrial cases and we'd have fewer complaints about over-treatment, bill-padding, and fee-splitting."

In most states, fees are fixed by a workmen's compensation board or by an industrial commission. State and local medical societies are usually consulted, but so are employers and their insurance carriers. What often results is a schedule many physicians consider too low to insure a high grade of medical care.

A few medical societies have succeeded in getting pre-war fees raised to some extent. California has had its \$1.25-per-office-call wiped off the books in favor of a more rational fee. Arizona's schedule now tops New York's. Other societies are

trying to drive home, by resolution and conference, the fact that doctors' living costs and professional expenses have increased to a point at which higher fees are imperative. The New York medical society, for example, has requested a schedule approximating V.A. fees in that state.

"We're not trying to mulct the insurance companies," argues one physician. "They know their fees have not kept pace with necessary boosts in private-care rates. They know why some of the medical societies had to ask for a raise in V.A. fees when home-town care was started at compensation-case levels. And they also know that if the best doctors won't handle minor industrial injuries, it's the patient who suffers. It's up to the medical societies to put the pressure on the state compensation boards and the insurance companies. This problem is just about the most important one the medical profession now faces."

Insurance spokesmen counter with this argument: "There's no reason why workmen's compensation fees *should* bear any resemblance to V.A. fees. Private spending should not be paced by Government largesse."

But many doctors believe this approach ignores the fact that all medical care costs have advanced and that V.A. rates were established with this cost increase in mind. Says one: "The prevailing fee is what counts. Compensation schedules no longer give us the 'prevailing fee for

persons of a like standard of living.' "

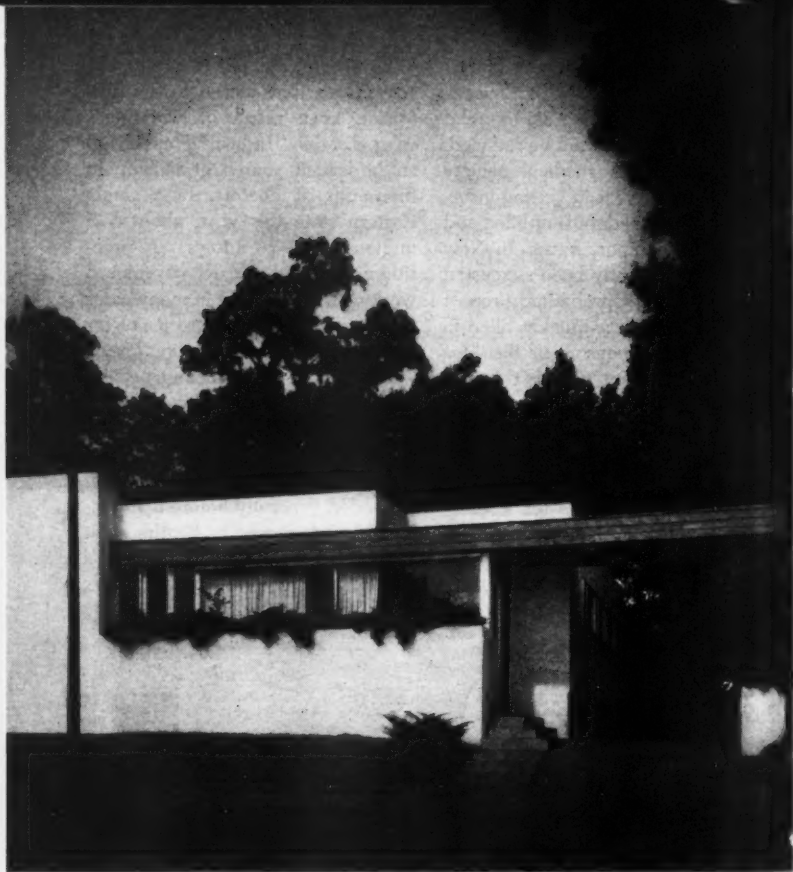
Also in evidence is a widespread demand that paperwork be reduced. Wisconsin's state medical society succeeded last year in getting insurance carriers to adopt simplified and standardized report forms. In New York it has recently been suggested that the doctor's preliminary report be submitted on a quickly filled-in postcard, but sponsors of the idea are dubious about getting the suggestion approved. Elsewhere, medical societies seem to have accomplished little in lessening the required paperwork. This, together with frequently called-for appearances in court and before arbitration boards, still interferes with many a practitioner's routine.

Physicians are not blind to the advantages that accrue to the profession as a result of workmen's compensation. Industrial cases are an important source of income to thousands of doctors. In a single Eastern state this year, about \$25 million will be paid to private practitioners for the care of injured workmen. This would in many cases be near-charity care were it not for the workmen's compensation law.

Nevertheless, the feeling persists that fees must rise and paperwork be simplified. Indications are that higher schedules will result in some states. Much more concerted action is needed generally before compensation work ceases to be the most irksome part of many a doctor's practice.

—MELVIN SCOTT





When Paul Rutledge, an M.D. in general practice, and Joseph Wienecke, a dentist, decided to combine forces in a new office, in Kirkood, Mo., they turned the designing job over to Harris Armstrong, medical-building architect. Here is the \$12,000 joint office that resulted.

Clean lines, wide windows, and simple wood trim mark the building's stuccoed exterior. Conveniences include sound and air conditioning and gas-generated heat.

Although the two doctors share less than 200 square yards of floor space, the problem of patient traf-

# Office for a Doctor and a Dentist

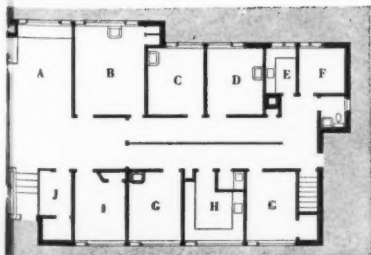
fic has been neatly handled. The corridor leading off the waiting room has a fiberglass partition down its center that divides the office's working area into two equal parts.

In the reception room, which serves the patients of both men, the outdoor effect created by picture windows is accented by greenery in the window boxes (pictures on pages 60 and 61). A brick fireplace in one corner relieves the severity of the polished, functional furniture.

In Doctor Rutledge's consultation room, a wall-to-wall window makes the 14' x 10' space seem larger. From this room the patient can move easily to the adjoining room for examination, or down the hall for treatment.

The northern half of the building is given over to Doctor Wienecke's dental laboratory, two dental operating rooms, and a business office.

Five years have passed since Doctors Rutledge and Wienecke installed their practices in Architect Armstrong's creation. Their only complaint is one expressed in time by most men who erect professional buildings: "Today we could use twice the space." —JOHN G. SHEA



Floor plan shows joint reception room (A); G.P.'s consultation (B), examination (C), and treatment (D) rooms; laboratory (E); and dual recovery room (F). Dentist has two operating rooms (G) and laboratory (H). Business office (I) and receptionist's station (J) serve both doctors.

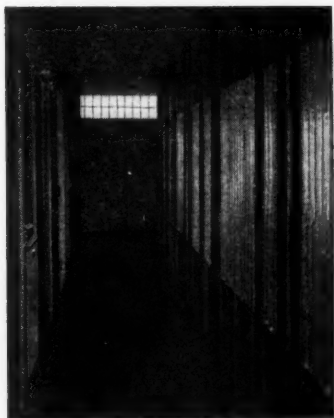


Curtains can be drawn over the picture windows in the reception room (above) for privacy during evening calls. Air conditioning vents are in effective, inconspicuous locations at floor and ceiling levels. From the receptionist's glassed-in station (left) she can see incoming patients while typing or telephoning. The built-in closet typifies the compact design.



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Translucent glass panels (right) mounted on polished wooden poles keep patients from straying beyond the domain of their own practitioner. A soundproof ceiling helps to hush office noise. Note that the water cooler is located conveniently but does not block patient traffic. In the treatment room (below) attractive, comfortable furniture helps patients to relax.

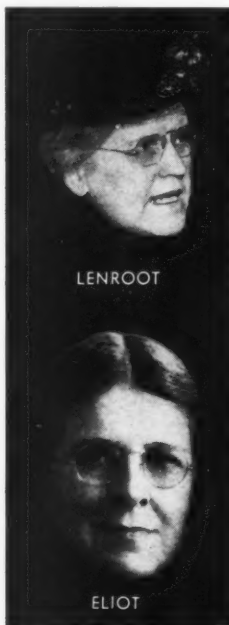


## Children's Bureau Seeks More Scope

*Is currently laying the groundwork for another super-EMIC program*

Last month the Children's Bureau moved, bag and baggage, from the Department of Labor to the Federal Security Agency. The transfer was directed by President Truman in his Reorganization Plan No. 2 of last July. It was a spiritual homecoming for the bureau, for it brought Katharine Lenroot, its chief, Martha Eliot, M.D., its associate chief, and Edwin F. Daily, M.D., its director of health services, into the same agency with other top proponents of nationalized medicine: Watson Miller, Federal Security Administrator; Arthur Altmeyer, Social Security Commissioner; Isidore S. Falk, Altmeyer's right hand; and others of the same persuasion who are currently employed by the Government.

Then the new hierarchy settled



down to wait hopefully for a Congressional plum: a seat for their leader in the President's Cabinet. A month before, Senators J. William Fulbright (D., Ark.) and Robert A. Taft (R., Ohio) had introduced the health, education, and security department bill, S.14C. If it were to pass, Messrs. Miller and Altmeyer stood high among candidates for the Cabinet post. Even the prospect of a new National Health Agency, as proposed by Senator Taft in his National Health Bill, S.545,

was not too disquieting. For if all Federal health activities were centered in a new agency, there was a chance that its first M.D.-administrator, a Truman appointee, might see eye to eye with the socializers.

The FSA knew that the Wagner-

Murray-Dingell Bill had no chance at all in the 80th Congress. But the Children's Bureau still hoped for a super-EMIC program. Undaunted by the demise of Senator Claude Pepper's S.1318 in the last days of the 79th Congress, it was openly pushing toward its own goal: a Federal bureaucracy to provide "free" medical, hospital, dental, and related care to 40 million Americans under 21—plus "free" maternity care for all women, regardless of their ability to pay for it.

While the razzle-dazzle maneuvers engineered by Senator Pepper had failed to get S.1318 through the last Congress, the bureau had reaped a measure of satisfaction from the compromise that increased its budget from \$11,200,000 to \$22,000,000 for the fiscal year 1946-47. The bureau considers this only a drop in the bucket, but an encouraging one none the less.

Here is how Congress allocated money in its Children's Bureau appropriation for 1946-47:

¶ Maternal and child health services, \$11,000,000 (previously, \$5,820,000).

¶ Care of crippled children, \$7,500,000 (previously, \$3,870,000).

¶ Child welfare services, \$3,500,000 (previously, \$1,510,000).

The bureau makes no bones about being unwilling to limit itself to the job originally delegated to it (administration of grants-in-aid to the states to furnish health and welfare services for needy children). In

pressing for another super-EMIC program, it seeks perpetuation and expansion of its wartime powers. It maintains, in effect, that the best way to put out a fire in a house is to pour water all over the town. It cannot, it contends, effectively fill gaps in medical service for children unless it has complete control of all medical service for children. The Social Security Act, it asserts, was only a good beginning "in developing services which could some day be so expanded as to be within reach of all children, wherever they live and no matter what their circumstances, race, color, or creed."

In discussing Children's Bureau aims, Doctor Daily goes still further. Says he: "A health program for children is a good place to begin. But let us hope that we will soon get down to the business of developing a national health program."

The bureau does not, of course, expect to get *carte blanche* in 1947; so it is quite willing to settle for an increased budget. Such funds would be highly useful in its present strategy, which aims at building a grass-roots demand for a super-EMIC organization.

The bureau is using a large part of its current appropriation to train welfare and health personnel. And it is financing experimental programs designed to attain two ends: (1) furnish grist for the propaganda mill and (2) develop working techniques that will be useful if the bureau gets the control it

seeks over the medical care of women and children.

In the State of Washington it is furnishing money for an experiment to provide full medical care (preventive and curative) for the children of veterans, regardless of economic status. The aim: training of personnel who can, in turn, train other personnel for the day the bureau comes into its own. This "laboratory," says the bureau, will also develop techniques for use in other states.

In Tuskegee, Ala., another experiment provides full medical care for all women in the area.

In Oneida, Ky., the bureau finances full maternity care for all women who apply for it, regardless of ability to pay. In fact, it publicizes the fact that a man who was able to afford his own airplane flew his wife to Oneida to have her delivered in the maternity center. Bureau reports of the Oneida center make no exception of this case. If the father paid part of the costs, as one Bureau spokesman says, the public is not informed of it.

The bureau is taking its fight to the people in a shrewd public relations campaign that emphasizes all the credits but mentions none of the debits. Every fact, statistic, or opinion favorable to the bureau is presented with crystal clarity; the dubious ones are omitted or treated with studied vagueness. For example:

The bureau recently called upon editors, writers, and citizens' groups

to get busy in furthering its aims. But it was careful in describing those aims. It handled the super-EMIC bill delicately, describing it only as a measure providing that \$100 million "be made available for expansion" of Children's Bureau services. It did not mention the eventual cost of the program (about \$2 billion a year) or that 43 million persons would be dependent on the bureau for medical care or that the private practice of thousands of doctors would be disrupted.

Dr. A. L. Van Horn, chief of the bureau's program planning section, blandly told this reporter: "The bureau makes no attempt to suggest or influence legislation, except when Congress calls upon it for advice."

Miss Lenroot still points to the Selective Service rejection rate as demonstrating the weakness of the present private medical system. While this interpretation has been shown to be loaded, Miss Lenroot nevertheless complains that "When our young men came before the military examining boards, they didn't look like the young people in the advertisements, in the magazine illustrations, and in the movies." Which prompted a Congressman to ask: "Were we fighting a war or casting for Cecil B. DeMille?"

The Children's Bureau chief says she is determined that "no other generation will be brought to maturity in such neglect." Apparently she feels she can speak for Con-

gress, too, for she says that its authorization of an increased budget is "an expression of that determination and a step toward the fuller program required eventually to meet the needs." Actually the bureau will be put under close scrutiny when it appears before Congress for its 1947-48 funds.

Miss Lenroot's organization reputedly has been dictatorial in its administrative methods. There is little love lost between it and some of the state health and welfare departments that have had to administer its grants-in-aid program—and to toe the mark in doing so. Agnes Meyer, wife of the publisher of The Washington Post, and who knows more about Washington bureaucrats than most Congressmen, told

a Senate subcommittee that state governors were thoroughly dissatisfied with the "slap-happy" administrative methods of the bureau.

The bureau would like to pass that buck to organized medicine. Doctor Van Horn says everything was going along fine until the wartime EMIC program was started. State societies, he says, opposed it from the beginning; they encouraged doctors and hospitals to find fault with it. "That brought about administrative difficulties between state health and welfare agencies and the Children's Bureau. But those difficulties have been eliminated and the situation is improving rapidly. Remember that 48,000 doctors cooperated in the EMIC program. Their letters to us do not



show the resentment they are supposed to hold for it."

The bureau has spent \$100 million in financing the deliveries of about one million babies of service men. It is proud of this record, but far prouder of its long-term program that began a decade ago. It cites these before-and-after pictures of what it has accomplished:

In 1935 almost half the states made no special provision for maternal and child health services, or spent less than \$10,000 a year on them. Today all states have maternal and child-health divisions in their departments of health; in 1945 the states spent \$4,800,000.

In 1935 only a few states had crippled children's programs and relatively few children could be cared for because of limited appropriations. Today all states have well-established agencies. Each year they care for 100,000 handicapped children.

In 1935 only a quarter of the

states provided local child-welfare services. Today all states do so, though they do not yet reach the majority of local units.

What has been accomplished is described by Miss Lenroot as only a small start. "Many counties," she says, "are without basic health services, maternity clinics, well-baby clinics, and the like. Some do not even have a public health nursing service. Some 20,000 crippled children are on state lists to receive care that has had to be withheld because money was lacking. As for child-welfare services, five out of six counties are still without a full-time worker paid from public funds."

That the Children's Bureau has achieved a creditable record within its own province, few would deny. But when bureau chiefs talk about providing free medical care for a third of the nation, they can scarcely avoid raised eyebrows from thoughtful legislators. —A. G. ROSS

## Pay-off

As a hospital pathologist, I have to perform some of my post-mortems in funeral homes. One day I had to wait more than half an hour for a taxi to take me to the local undertaker's. By the time the cab showed up, I was determined to teach the driver a lesson. "I hope you realize," I said ominously, "that I had to wait so long for you that my patient died in the meantime. You may as well take me now over to the funeral home." If the shock reflected in the driver's face prophesied anything, his sleep was disturbed for a long time thereafter.

—J. H. AHRONHEIM, M.D.

## Physicians in the Next War

*Ex-service M.D.'s see need for  
revamped military set-up*

Few doctors fail to comprehend their awesome role in the next war—when and if. Those whose imaginations do fail them might well listen to the Army's Gen. George C. Kenney. He describes the beginning of the next conflict this way: "The first attack will probably come over the North Pole, using pilotless aircraft, atomic bombs, and bacterial weapons. We may have a casualty list of 25 million persons the first twenty-four hours."

What can the medical profession do to prepare itself?

For one thing, it can right the wrongs of military medicine as physicians saw them in World War II. The need for drastic changes in medical department operation has been voiced by countless demobilized doctors. Perhaps the most thoughtful summary is that of Dr. Edward L. Bortz, chairman of the AMA Committee on National Emergency Medical Service. After studying pilot surveys conducted by the AMA, Doctor Bortz has drawn up a sweeping blueprint for military medicine.

If the ex-medical officers for whom Doctor Bortz speaks have



"The next war will not last long," says Edward L. Bortz, M.D. "Probably civilian casualties will outnumber troop casualties. Provision for medical care should be made accordingly." A Philadelphia internist, Doctor Bortz is vice president of the American Medical Association.

their way, physicians in the next war can expect these things:

*A strong, unified medical corps.* Says Doctor Bortz, "The lack of coordination on the part of the Army and the Navy Medical Corps resulted in numerous duplications of effort. There is definite need for a unified medical corps. It should be under the direction of a council that would include (a) top-ranking representatives of the armed services and (b) civilian authorities representing the fields of medical education, practice, administration, and research. This council would be responsible for organizing a medical program for the nation in peace and at war."

Such a control council, Doctor Bortz believes, would do much to build a strong military medical department. He thinks that "each year a certain number of scholarships to medical schools should be offered by the Government." Prospective M.D.'s could be selected as West Point and Annapolis cadets are chosen now, he suggests. "Following their training, these young doctors would spend some time on active duty, then go on inactive status. Such a program would furnish a group of superior young physicians each year to serve as replacements in the unified medical corps."

*Coordination of military and civilian medical needs.* This would be a prime objective of the control board. In times past, says Doctor Bortz, there has been "a total absence of correlated action by the

armed forces and civilian medical organizations. World War II brought an over-supply of medical men in military assignments, to the detriment of many civilian areas." In the next war, he says, "the medical profession needs a program that will serve *all* portions of the population."

Doctor Bortz cites chapter and verse on the wartime maldistribution of M.D.'s. "Over 60,000 medical men joined the services to care for about 15 million military personnel," he points out. That left only 75,000 active practitioners for the remaining 125 million of the nation's population. Because of the type of warfare anticipated in the next conflict, Doctor Bortz believes such a distribution of physicians would be "catastrophic."

Even within the services, physicians were distributed badly, Doctor Bortz says. "Attempts to supply medical personnel to troops on the basis of 6.5 per thousand proved wholly unsatisfactory," he declares. "The estimate for medical needs should be based entirely on calculated casualties. Military and medical authorities rapidly became competent in predicting casualties. It would be relatively easy to have medical units available in rear areas and to take them by air where they were needed.

"Rigid tables of organization tied up many valuable medical officers. When not needed for active military duty, these men might well have been used to relieve the

drastic shortages in many civilian communities. Fewer civilian doctors would have had coronary arteries blocked had such a program been set up."

A sharper distinction between administrative and clinical work. In the past, Doctor Bortz notes, many outstanding clinicians "were removed from patient care and placed in administrative jobs for which they were not well equipped." In the next war, he feels, a unified medical corps will make possible a sharper split between the two types of work. He foresees a separate medical administrative corps to serve both Army and Navy. "Hospital administration is now recognized as a special field in medicine," he says. "Medical men with a flair for executive work

should be enabled to make that their military career".

*Better classification of medical officers.* "The day is past when any medical officer is qualified to perform any medical duty," says Doctor Bortz, adding that the need is for "pools of medical officers, set up on the basis of medical specialties rather than of military rank. As the need for a specialist arises, the man within the pool who best fits the job should be appointed."

In World War II, Doctor Bortz recalls, "the practice of making assignments with little regard for individual qualifications was widespread. Apparently military authorities were not impressed with the individual capabilities of doctors in particular fields."

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"HEY, DOCTOR, MIND IF I USE YOUR PHONE?"

*Promotions based on professional skill.* Says Doctor Bortz: "The capacity, training, and experience of a doctor should be the criteria for determining his military rank. As an officer gains in knowledge and value professionally, these facts should serve as the basis for his advancement. Medical proficiency and military rank should go hand in hand."

*A steady supply of new physicians.* "Toward the latter part of the last war," says Doctor Bortz, "there was an acute shortage of students qualified for medical training. Had the war continued, this would have brought about a desperate emergency. It resulted from lack of appreciation by Selective Service of the need for medical men." The doctor's solution for the next war is a board of medical educators and military men charged with selecting medical students at regular intervals.

Medical students in the next war may not sweat out an accelerated program, as they did last time, says Doctor Bortz. "The trainee can absorb just so much. Forcing data on an overworked student obviously results in inadequate training. Even on a four-year basis, the graduate is scarcely equipped to give a creditable wartime performance."

In the future, all medical students should get an introduction to military medicine while still in school, the doctor thinks. "This problem increases in importance when you try to estimate the casualties that would result from atomic bombs and from biological and chemical agents. The absence of a well-thought-out program preceding our entrance into the last war created a military dictatorship that mobilized the nation's medical reserves with insufficient understanding of civilian needs," he concludes.

—JOHN BYRNE

## No Tip for the Waiter

While my husband was overseas I stored all his equipment and furniture in his consultation room. Our three small children used the waiting room as a playroom. On entering the playroom one afternoon, I found a little old man wedged into a small rocking chair. Toys, books, and games were piled high around him. All the furniture was child-sized. The only reading matter he had been able to find was a comic book.

When I asked what I could do for him, he smiled with total unconcern and said, "Oh, nothing, thank you. I'm just waiting for the doctor."

—VEE GLOSSER

## Miners' Medical Fund Lies Idle

*Huge sum for payment of hospital and doctors' bills held in reserve*



Almost \$16 million earmarked "United Mine Workers' Welfare and Retirement Fund" was figuratively gathering dust last month in the First National Bank of New York. Every ton of coal mined—and miners had dug more than 13 million tons a week in February—added five cents to the account.

Presumably, a substantial part of the UMW health fund was ticketed for miners' medical care. But neither the mining industry nor the medical profession knew just how or when the fund would be put to use.

This money, which existing production would increase at the whopping rate of \$30 million a year, was in the bank because of the contract signed last May by Secretary of the Interior J. A. Krug and UMW Boss John L. Lewis. But no one had made a move to start paying miners' medical or hospital bills with it.

Under the Krug-Lewis accord, the fund was to be administered by three trustees: one appointed by Mr. Krug, one by Mr. Lewis, and the third jointly.

Early last month only two had been named: Capt. N. H. Collisson,

USNR, Coal Mines Administrator, by the Government, and Lewis himself by the UMW. The union had submitted a list of eleven "eminent and qualified" candidates to be joint trustee, but Mr. Krug had not committed himself.

There was good reason for him to keep silent as long as he could: If Congress killed the miners' fund, the Government might be held liable for expenditures authorized by the Department of the Interior.

Congress could kill the fund by outlawing it under the Wagner Act, one section of which bans employer assistance to unions. The UMW naturally insisted the law applied only to contributions made with intent to dominate unions. The Supreme Court, by deciding against Lewis in his drawn-out contempt case, had kept alive the Krug-Lewis pact and the five-cents-a-ton levy along with it.

In the face of so much uncertainty, Mr. Krug waited. But the problem would have to be solved by July when the Government was to be out of the coal business. The President could return the mines to

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Dr. Robert Latou Dickinson, a spry, bearded M.D. who was born the year the South seceded from the Union, is a sculptor whose models of the reproductive process are fa-

at the New York Academy of Medicine writing articles on marriage counseling, contraception, and related subjects, was a founder of the American College of Surgeons. The lively octogenarian also pioneered

## MODELER



mous among gynecologists and obstetricians. The Cleveland Health Museum maintains a year-round showing of 100 Dickinson sculptures.

Robert Dickinson, who spends most of his time in a roomy studio

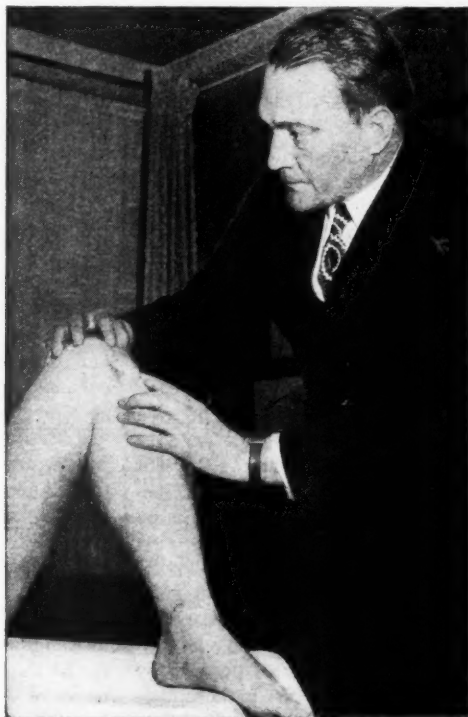
the birth-control movement. With several colleagues he once organized an American Gynecological Travel Club that toured clinics in this country and Europe gathering information on techniques. "In those days," he recalls, "we used


to hold a spare knife between our teeth."

A colleague once observed that Doctor Dickinson's intellect had been almost entirely "focused on the first 280 days of life, before

birth." The subject still engrosses him. In collaboration with Adam Belskie, he is continuing work on his obstetrical sculptures. A year ago he received the Lasker Award for research in human fertility.

## MENTOR



 Marvin Allen Stevens, M.D., was tagged "Mal" a generation ago by gridiron fans he rendered hoarse but happy in the Yale Bowl. As a swivel-hipped All-American halfback, he sparked Yale's undefeated and un-

tied '23 eleven. Starting this spring, he'll tend the lame arms and charley horses of the gold-plated New York Yankees, both baseball and football. Frankie Sinkwich's knee (above) and Joe DiMaggio's heel are among  
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# CALLING MISS BREDOW!

*Your office trouble-shooter explains  
how best to book your time*



**Q.** My secretary does not seem to utilize fully the capacity of my office. Afraid of crowding, she makes appointments one at a time. Can you suggest a method for several appointments at once?

**A.** To make the most efficient use of your time, your secretary must know why each patient is coming. She should keep fully informed about every patient and know the time necessary for each procedure. Thus she will be able to dovetail appointments.

For instance, when a patient comes in for the first time, the secretary probably takes the routine

data needed for your records. While she is thus engaged you can be seeing another patient. Likewise, as you examine the new patient, another can be prepared for you.

To facilitate appointments for several patients at the same time, let your secretary use a standard appointment book. Down each page she should draw several lines, dividing the page into three or four columns. There will then be three or four spaces opposite each full, half, or quarter hour.

The procedure may be illustrated thus: A patient has an appointment for a first examination, so the hour 9 to 10 is crossed out in the first column. In the second column four patients are scheduled for injections, to be given by the medical assistant at quarter-hour intervals. In the third column is entered the name of a patient who will rest from 9 to 10, prior to a basal metabolism test, which the medical assistant will give at 10. In the fourth column, at 9:45 appears the name of a patient who will be prepared for the doctor's examination at 10. Thus appointments are concentrated, the doctor and his assistants

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► Questions from physicians and secretaries about business procedures in the medical office are answered here, as space permits, by Miriam Bredow. She is the author of "Handbook for the Medical Secretary" (McGraw-Hill) and Dean of Women, Eastern School for Physicians' Aides. In private life, she is Mrs. Heinrich Wolf, wife of a New York physiatrist.

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are kept busy, and all space is in use.

In an office where physical medicine is practiced, a number of treatments can be given at the same time. The following method has been found especially efficient: A columnar journal is used. Each column is headed with the name of an apparatus in the office: 1st diathermy machine; 2nd diathermy machine; ultraviolet lamp; infra-red lamp; whirlpool bath; etc. In the first column on the left the time is indicated at half-hour intervals. One page is allowed for each day.

The patient's name is inserted in the column according to the treatment he is to receive. Thus the sec-

retary has before her a schedule of all the equipment in the office and the extent to which it is being used.

A similar chart may be worked out for other specialties, and the columns headed, 1st treatment room, 2nd treatment room, etc.

Another method found helpful is not to make appointments at a fixed time (except perhaps for an initial visit). Instead, a definite number of patients, perhaps ten, is told to come between 9 and 11 o'clock, and another ten between 11 and 1. Patients are then seen in the order of arrival. The doctor is fully occupied. He can attend one patient while the next is being readied for treatment.

—MIRIAM BREDOW



A new antibacterial agent  
for your most resistant cases



Contains 0.2% Furacin (brand of nitro furazone: 5-nitro-2-furaldehyde semi-carbazone) in a water-soluble base.

**another of its several advantages:**

**THE WATER SOLUBILITY** of all components of Furacin Soluble Dressing enables it to dissolve in blood, pus and serum, facilitating penetration

to all parts of the lesion; permits its ready removal by irrigation with sterile saline.

### *Indications:*

*Infected surface wounds, or for the prevention of such infections*  
*Infections of second and third degree burns*  
*Carbuncles and abscesses after surgical intervention*  
*Infected varicose ulcers*  
*Infected superficial ulcers of diabetics*  
*Impetigo of infants and adults*  
*Treatment of skin-graft sites*  
*Osteomyelitis associated with compound fractures*  
*Secondary infections of dermatophytoses*

**EATON** Inc.  
LABORATORIES  
NORWICH, NEW YORK

## New Cancer Research Bills Under Congressional Scrutiny

*Federal program akin to atomic bomb project proposed*



More and more legislators are intrigued by a widely circulated theory: that a cure for cancer might be found if the Government tackled the problem as it went about developing the atomic bomb. A number of bills based on this theory are now before Congress.

Most sweeping of the proposals is that of Senator Claude Pepper (D., Fla.). His bill, S.93, is similar to a measure defeated in the 79th Congress by only thirteen votes. It would authorize an outlay of \$100 million and a mobilization in this country of the world's outstanding cancer experts "in a supreme endeavor to discover means of curing and preventing cancer." Administration would be assigned to the U.S. Public Health Service or to an independent group appointed by the President.

At least three comparable bills, two calling for the same appropriation and one for \$50 million, have been introduced in the House. All are similar in purpose to the Pepper measure, although none of the three mentions the Public Health Service as the administrative agency.

Active support of these measures is being urged by a committee of 100 business and industrial leaders, recruited from many parts of the country by the sponsors of Government Action Against Cancer. The latter group is headed by Julius Jay Perlmutter of the National Cancer Foundation.

Organized medicine is strongly opposed to the Pepper bill's approach to cancer research because it does not outline administrative procedures in sufficient detail. But on the fire last month was another proposal that M.D.'s are likely to find more palatable. Senator Robert A. Taft (R., Ohio), reportedly opposed to the Pepper bill, was cooking up a measure to provide \$75 million for cancer research and also to provide specific controls on how the sum would be spent.

Mr. Taft planned to suggest (1) the establishment of an independent cancer commission; (2) Government aid for ten large research centers similar to Memorial Hospital in New York City; and (3) fellowships for individual scientists as well as

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*Modern tendencies in infant nutrition are toward the early feeding of a well-rounded mixed diet.*

## **Infant Feeding:**

### **Today's Baby Needs Both Meat and Vegetables**

**MEATS:** "Protein is the main building material of the body... Meat, poultry, fish, eggs, milk are... richest in it... A child should be averaging a pint to a quart of milk daily and also be receiving either meat (or poultry or fish) or eggs daily, preferably both. Whole grains and vegetables... supplement... his milk, fish, eggs, but will not take their place." *Spock, Benjamin, M. D. "The Common Sense Book of Baby and Child Care" Duell, Sloan and Pearce, N. Y.*

**VEGETABLES:** "In general, it can be stated that milk after the first month or two of life is unsafe as a sole food and should be re-enforced by such vitamin-rich foods as orange juice and vegetables, which should be given as early as is consistent with satisfactory digestion and utilization." *Brennemann, Joseph, M. D. and McQuarrie, Irvine, M. D. "Practice of Pediatrics" (Vol. 1) W. F. Prior Company, Hagerstown, Md.*

## **Campbell's Baby Soups**

meet all an infant's requirements for meat and vegetables

These baby soups are supplements to milk. Five kinds: four different meat-vegetable combinations and a delicious all-vegetable soup. Each of these contains a cereal, as an adjunct to well-rounded nutrition. These soups are full-bodied, nutritious semi-solid foods. Fed regularly, they supply all the meat and all the vegetables a baby needs for nutritional balance. They insure the simultaneous presence of a wide range of food elements required *together* for the formation of strong bones and sound tissue. Vitamins and minerals are retained to a high degree.

### **New ease in feeding**

To provide all the meat and vegetables for a whole meal, it is necessary merely to warm and

serve one of these "main-dish" strained soups. This simplicity is a great boon to both mothers and physicians. Palatable, strained smooth and uniform, and low in fat content, these soups are easy to feed... easy for a baby to digest. They can be prescribed as early as any strained foods. For more details, write to... Campbell Soup Company, Camden, N. J.

### **5 Kinds**

**CHICKEN  
BEEF  
LAMB  
LIVER  
VEGETABLE**



**"Main-dish" foods for Baby**

LOOK FOR THE RED-AND-WHITE LABEL

**NOTE:** EVERY GROCER WHO SELLS CAMPBELL'S SOUPS CAN SUPPLY CAMPBELL'S BABY SOUPS

for institutional investigators.

Meanwhile, the PHS, which supported the objectives of the previous Pepper bill, has called for Federal action on a vastly expanded scale. Huge expenditures, says the agency, are "greatly and urgently needed" not only for research but also "for assisting states and local communities in applying more efficiently the knowledge that already has been acquired." It adds that the program should be PHS-administered, regardless of the size of the authorized outlay.

But PHS Chief Thomas Parran says the cancer problem is quite dissimilar to the one scientists faced in developing the atomic bomb. "In 1941," he points out, "the fundamental knowledge regarding atomic fission was much more complete than is our present knowledge of cancer prevention. The cost of fabricating an atomic bomb was huge; yet the total cost of the fundamental research of Einstein, Rutherford, Bohr, Fermi, and others was very small and was not incurred with this specific object in view. Quite

the contrary, they were pursuing basic scientific knowledge for its own sake."

The fact that the Republicans have assumed control of Congress, say observers, does not portend rejection of the new measures for reasons of economy. Many Congressmen, it is pointed out, favored the objectives of last year's proposal. They voted against it because they felt the bill was loosely drawn and would merely duplicate work carried on by the Government-supported National Cancer Institute.

NCI, a division of the PHS' National Institute of Health, confines its cancer studies to work on animals. It has a budget of \$1,772,000 for the current fiscal year, three times larger than any previous NCI budget. This unit will allocate almost \$500,000 to outside institutions and individuals as grants-in-aid for cancer research. For the next fiscal year NCI is asking Congress to raise the \$500,000 to \$5 million.

[PLEASE TURN TO PAGE 83]

## Neat Trick

My husband, a salesman, told me his boss had just had a gall-bladder operation. He suggested I write him a note. When I did so, I said I could appreciate what he was going through for I had recently had the same operation. My husband learned later that what his boss had been operated on for was not gall-bladder trouble but an enlarged prostate.

—R.N., NEW YORK



# Subduin

## References

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2. MORRISSEY, J. H.: Conservative Treatment of Renal and Ureteral Colic. Jnl. Urology, April, 1947.
3. KILSTEIN, R. I. Rev. Gastroenterol., March, 1947.
4. GOODMAN, L. and GILMAN, A.: The Pharmacological Basis of Therapeutics, P. 460, 1941.

# THE STORM F SMOOTH MUSCLE SPASM!

like a "bolt from the blue", the colicky pain of smooth muscle spasm calls for prompt action to assuage the concomitant pain and distress. Donnatal's freedom from selectivity of action (unlike atropine alone or the synthetics) renders it an effective, spasmolytic in any region where spasticity occurs.<sup>1,2,3,4</sup> Furthermore, this combination of the three naturally occurring belladonna alkaloids in fixed proportions seems to possess an important synergism of action which is potentiated also by the small phenobarbital content (¼ gr. per tablet). Undesirable side-effects are minimal. The barbiturate component also favorably influences any psychosomatic element without fear of over-sedation.

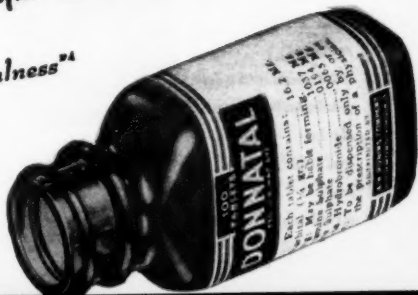
**FORMULA:** Each tablet contains standardized amounts of belladonna alkaloids (hyoscyamine, atropine and hyoscine) equivalent to approximately 5 min. of tr. belladonna plus ¼ gr. phenobarbital. Inexpensively priced, Donnatal is available in bottles of 100 tablets.

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**3**

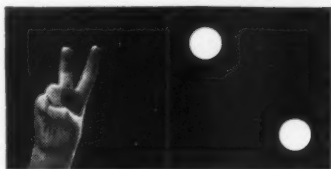
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***Eskadiazine***



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This new fluid sulfadiazine is the ideal oral dosage form, especially for infants and children, and also for the many adults who object to tablet medication. Each 5 cc. (1 teaspoonful) contains 0.5 Gm. (7.7 gr.) of sulfadiazine.



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Eskadiazine is so surprisingly palatable and pleasant in consistency that it is accepted willingly by all types of patients. Children actually like to take Eskadiazine; and, for infants, it may be added to bottle formulas.



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The findings of a recent clinical study by Flippin et al. (Am. J. M. Sc., Aug. 1945) indicate that with Eskadiazine desired serum levels may be *far more rapidly* attained than with sulfadiazine administered in tablet form.

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In addition, the PHS has requested an appropriation of \$2,650,000 to be spent on site and plans for a proposed 600-bed hospital in Bethesda, Md., to be devoted to research on cancer and cardiovascular diseases. The total estimated cost of the PHS building is \$18 million. About half its facilities would be at NCI disposal for studying cancer in human beings.

Government officials and their pressure-group supporters who advocate Federal mobilization of cancer scientists are making much of the argument that 17 million Americans are doomed to die because of cancer unless the present death rate is lowered. An outlay of \$100 million, they argue, could make possible a life-saving venture that would cost taxpayers less than \$6 per life saved.

Physicians generally agree that much may be accomplished by additional grants-in-aid, provided that such grants are wisely made and are free of political shenanigans.

But many see a foot-in-the-door approach to Federal medicine in some requests for Government action.

Says one physician: "The Peppers are smart. They realize that there is little hope for a new Wagner-Murray-Dingell Bill in the present Republican-controlled Congress. The Super-EMIC proposal that died in the last Congress was an attempt to bring maternity cases and child care under Federal control. Now the attack is being resumed on a disease-by-disease basis. A cancer 'research' program might become a complete cancer program under Federal auspices. With virtually all cancer work under Government control, how long would it be before similar programs were suggested for heart disease, arthritis, hay fever, and the common cold? Let the medical profession be wary of programs that emphasize 'urgently needed scientific research.' We all admit that research is needed, but let's be sure we don't get something else with it." —NELSON ADAMS

## Pistachio Is Better

A woman phoned to say that her young son had a severe abdominal pain in the lower right side. The doctor prescribed an ice bag and said he'd visit the patient shortly. Half an hour later, the mother called again. The child was vomiting violently. When the doctor asked what he had eaten since the previous call, she said, "You prescribed cold to the abdomen. I thought it would be better to work it from the inside. I gave him a quart of vanilla ice cream."

—R.N., PENNSYLVANIA



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"All patients with peptic ulcer eventually develop constipation."<sup>1</sup> Low residue diet, inactivity and worry are responsible. But the troublesome symptom can be controlled by development of "habit time" and administration of emulsified mineral oil.

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I. PAUL, W. D., and C. RHOMBERG, J. Iowa State M. A. 35:167 (May) 1945.

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# Writing for Medical Journals

*How your name, qualifications, and  
opinions can best be written*



You have finished the first draft of your medical paper. You've given it a definitive title, an arresting lead. You've shorn the piece of gobbledygook. Now it's time to think about names, titles, pronouns, and some related details.

Some doctors prefer the form "Robert A. Smith"; others use "R. A. Smith"; a few insist on "Robert Alexander Smith." The editor will usually follow your preference. It is customary, however, to use full first names for women doctors and for physicians who possess a common surname like Smith, Brown, or Jones. Type your name on the manuscript the way you want it set up in the journal.

Most medical journals prefer "M.D." to "Dr." The reader wants to know whether the paper is written by a doctor of medicine, a doctor of dental surgery, a doctor of divinity, or an athletic coach. The title "Dr." will not help him.

It is an affectation to write "B.A., M.D." Since no degree outranks an M.D., the other initials ordinarily contribute nothing to your authority. Only in unusual circumstances is a secondary degree proper: For

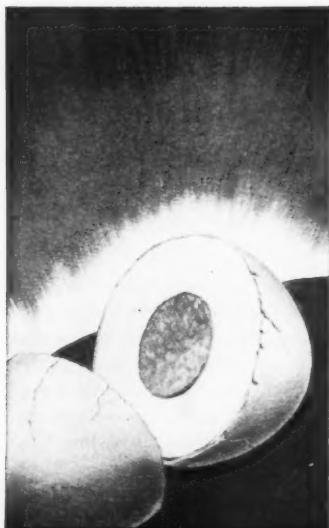
instance, a technical paper on chemistry or pharmacy may have greater authority if it appears that the writer is an M.S. in chemistry or a Ph.G. as well as a doctor of medicine. A physician who is also a dentist is justified in styling himself "Harold X. Brown, M.D., D.D.S." if his paper deals with oral surgery—but not if his subject is ringworm of the toes.

Affiliations with medical schools and hospitals appear on the title page of a book but they are usually omitted from a paper offered to a medical journal. Only an unusual situation may justify the use of a professorial or hospital title: For example, a paper on medical education written by the dean of a medical school could appropriately

---

► Henry A. Davidson, M.D., editor of The Journal of The Medical Society of New Jersey, is the author of this series of articles on writing for Medical Journals. This is the fourth in the series, the first appeared in January.

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*Consider the egg as a kitchen model of the primary unit of life, the cell. The yolk and the white of the egg parallel the nucleus and the cytoplasm of the animal cell, wherein carbohydrate is stepped down as energy is stepped up.*

*The egg might oftener remind us that metabolism does not take place in the organs as a whole; that every fault in nutrition goes directly to the chemistry of individual cells. The cells need coenzymes of at least three factors of vitamin B complex for the combustion of carbohydrate; it appears that two of them are concerned also in the utilization of proteins.*

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carry the author's scholastic title. A paper on a tropical disease might justly carry the notation that the writer is professor of tropical medicine at Blank University.

An essay, a commencement address, or a memorial lecture sometimes carries in a footnote the honors of the speaker and the occasion of the paper. Here's a case in point: You have just been elected president of a specialty society. Your inaugural address is, say, a review of progress in your specialty in the last year. The title and by-line on the manuscript appear as follows:

RECENT ADVANCES IN TERATOLOGY\*

Oscar C. Bienvenue, M.D.

The title, you'll notice, includes

an asterisk. Immediately under your by-line type the footnote to which the asterisk refers (including a line above it and one below it), thus:

\*Talk delivered Feb. 2, 1947, on occasion of the author's inauguration as president of the Southwestern Teratologic Association.

Now drop down a few spaces and begin your text. When the paper is printed the material between the lines will appear as a footnote.

Some journals devote a box in the article or a paragraph in a contributor's column to the author's honors and professional biography. If you are sending your manuscript to such a publication, examine the pages of a recent issue and see how it lists the data. Write your biography in that form and include it



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in the letter of transmittal accompanying your manuscript.

A single author refers to himself as "I," not as "we." If you are writing a paper alone, say, "Since 1946, I have used histamine to test sensitivity in all cases of . . ." Do not write, "Since 1946, we have used . . ." If you are referring to a clinic or medical group, make it clear: "Since 1946, the medical clinic of the Hillside Hospital has used . . ."

If you are bashful about the naked "I" (an entirely unjustified shyness in modern medical journalism) you can rewrite the sentences so that statements are put in the passive voice. Suppose, for example, your sensibilities are disturbed by writing, "I have had good results with calcium gluconate in . . ." The editor will not permit you, a single author, to say "We have had good results . . ." One solution is to write, "Calcium gluconate was found successful in . . ." But the passive is a weak voice. Use it sparingly.

The pronoun "we" may be used in articles written jointly. If, at some point, you refer to the work of only one of the authors, his initials are given parenthetically. Or he may be identified as the junior or senior author. The one whose name is listed first is always known as the senior author regardless of the actual ages or professional standings of the writers. For example, if your paper is listed as written by Albert A. Jones, M.D., and Benjamin R. Smith, M.D., and it is necessary to refer to a previous

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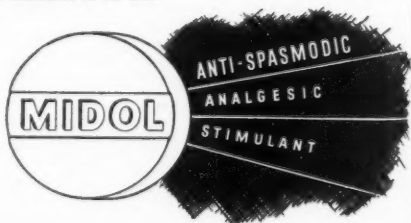
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Why prescribe an all-purpose analgesic for women who suffer from painful menstruation?

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report by Doctor Smith, it may be done in either of the following ways: "In 1943, one of us (B.R.S) reported that . . ." or "In 1943, the junior author reported that . . ."

Citing yourself by your own name is considered too quaint for modern tastes. You might write, "In 1943, Smith reported that . . ." But don't.

Such phrases as "I believe" or "in my opinion" are best used sparingly if at all. For opinions that are expressed in an article signed by

you and that are not attributed to someone else must necessarily be your opinions.

On the other hand, "in my experience" is often justified, since you may want to distinguish your experience from general experience.

Avoid saying, "There is some doubt in my mind that . . ." The "in my mind" is superfluous and registering doubt is poor practice. Also omit such phrases as "I hesitate to recommend . . ."

—HENRY A. DAVIDSON, M.D.



**"HE'S OUTGROWN CHILD PSYCHOLOGY. HE'S READY NOW FOR PSYCHOANALYSIS."**

## Positions Wanted by Physician-Veterans

As announced in February, MEDICAL ECONOMICS will discontinue its positions-wanted department after this issue.

**ADMINISTRATIVE** position in NYC. area; full or part-time; making administration a career; now in N.Y. Box 1770.

**ANESTHESIOLOGIST**; 3 years' training, 5 years' practice; board examinations partly completed; anywhere in U.S.; now in R.I. Box 1771.

**ASSISTANTSHIP** or partnership with obstetrician or with G.P. doing obstetrics; age 36; 4 years in Army; N.Y., Conn. licenses; now in Conn. Box 1772.

**ASSISTANTSHIP** or preceptorship with surgeon or general practitioner doing surgery; 30 months' hospital training; 3½ years' Army surgical experience; commanded surgical unit; NYC., Long Island preferred; now in N.Y. Box 1773.

**ASSISTANTSHIP** with orthopedic board member; 18 months' internship and residency; 27 months' Army orthopedics under board members; former chief of orthopedics, general hospital; Pa. license; now in Pa. Box 1774.

**ASSISTANTSHIP** with FACS or certified surgeon; age 35; 8 years' hospital experience; 33 months in Army; prefer Long Island or NYC; now in N.Y. Box 1775.

**ASSOCIATION** or locum tenens with obstetrician, G.P., or group; age 28; applying for obstetrics-gynecology residency; N.J. license; now in N.J. Box 1776.

**ASSOCIATION** with radiologist, group, or hospital; certified radiologist; NYC. area; now in Mich. Box 1777.

**ASSOCIATION** with surgeon, internist, clinic, or group; age 34; diplomate, American Board of Surgery; now in Minn. Box 1778.

**GENERAL PRACTICE**; part time basis; evenings preferred; Chicago area only; now in Ill. Box 1779.

**GENERAL PRACTICE** or assistantship in Maine; age 29; rotating internship; 26 months in Army; available now; Me., Mo. licenses; now in Me. Box 1780.

**GENERAL PRACTICE** with group; age 38; 10 years' private practice; 4 years in Army; now in Cal. Box 1781.

**GENERAL PRACTICE**; evenings; Greater N.Y. area; age 35; wide pre-war and Army experience; now in NYC. Box 1782.

**GENERAL PRACTICE**; association with retiring physician; will buy equipment or small hospital; Ind. or Gulf Coast preferred; now in La. Box 1783.

**INDUSTRIAL** or insurance work; mornings only; NYC. area; now in NYC. Box 1784.

**INDUSTRIAL** plant in Bush Terminal section, Brooklyn; workmen's compensation rating XA; now in NYC. Box 1785.

**PEDIATRICS**; single, partner, group; eligible board; age 34; 4½ years' service; interested pediatric psychiatry; West Coast preferred; now in N.Y. Box 1786.

**RESIDENCY** or preceptorship in obstetrics-gynecology; operative gynecology preferred; age 44; 6½ years in Army; Pa. license; now in Pa. Box 1787.

**SALARIED** position; Chicago location preferred; age 28; Ill. license; now in Ill. Box 1788.

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# Plan Your 1947 Tax Deductions Now!

*Attention to these small details may  
mean savings in March 1948*



Now is the time to review the tax-saving ideas you may have overlooked last year. Here are a few pointers that will pay you tax dividends next March.

Accurate records are the backbone of your tax return. Taking all your allowable deductions is one thing; proving them is another. Although some deductions (such as sales and gasoline taxes) do not require item-by-item records, many other deductions do.

## PROFESSIONAL EXPENSES

If you maintain an office in your home, remember now to keep careful track of operating expenses. Rent, electricity, telephone, real estate taxes, heating, and repairs may of course be deducted, in part, for tax purposes. If three of your nine rooms, for example, are used for your practice, one-third of your home maintenance costs can be deducted as legitimate professional expenses.

Keep tabs, too, on your expenses while attending medical conventions. Hotel receipts, railway ticket stubs, and cancelled checks make your deduction claim that much more valid.

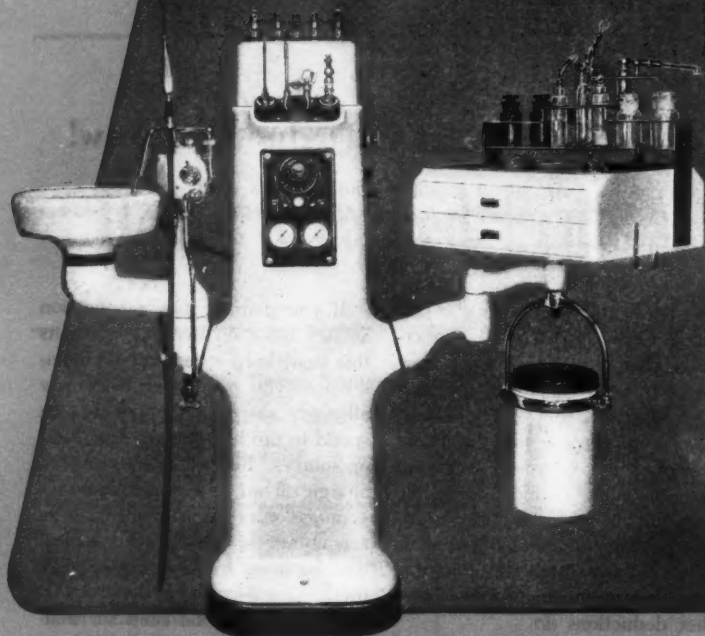
If you plan to turn a collection agency loose on overdue accounts this year, keep records of the commissions you pay. Deductions now allowed also include what you spend to produce income from other sources. For example, you can charge off an investment counsel's commission or the cost of hiring an accountant to handle your securities. So keep track of outlays like these.

If you should be sued for malpractice this year, keep score on what you pay your lawyer. You can deduct his fee next March unless you have been reimbursed for it by insurance. (Not all legal costs are deductible, however. If you have to go to court to acquire an office or to evict a tenant, the expense cannot be lopped off your taxable income.)

## INTEREST

Interest deducted on your tax return must be clearly identified. If you plan to buy a new car, furniture, or equipment on the installment plan, be sure the contract you sign segregates interest. Naturally, the same applies to interest paid on

[PLEASE TURN TO PAGE 96]



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Compare the compact, easy-to-operate efficiency of this Ritter ENT Unit with ordinary equipment. Every tool for your examination and treatment is ready within arm's reach on the Ritter Unit. Controls of air pressure, vacuum suction and voltage are centralized at your fingertips. The cautery handle, two low-voltage instrument holders and the Ritter air cut-off are mounted in an angled position for quick selection. As you pick up your tongue depressor, it lights. As you release it and return it to the holder, the current automatically shuts off. These are a few examples of the many exclusive features of this handsome, modern Unit. Ask your surgical dealer for full details or write *Ritter Co., Inc., Ritter Park, Rochester 3, N. Y.*

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mortgages or personal loans.

### CONTRIBUTIONS

Although tax officials may accept your own estimate of what you give to charity, it is better to back up any large gift deduction with a written receipt. Gifts that are not in cash—e.g., medical equipment, supplies, furniture, books, clothing—are best substantiated with an expert's appraisal.

### DEPRECIATION

The allowance for depreciation is something to keep in mind the year round. When you buy new equipment, get the manufacturer to estimate its useful life. Make a note to claim depreciation on it next spring.

Usually the deduction is fixed by law. Your car, for example, is considered to have a useful life of five years. If its original cost was \$1,500, you are allowed a deduction of \$300 a year for five years, pro-

vided it is used exclusively for your practice. If half your mileage is for personal trips, your annual deduction becomes \$150.

Gains and losses on the sale of depreciable property are covered by a special rule. If the property is used professionally and held for more than six months, a loss on its sale may be deducted in full. If the sale results in a profit, only 50 per cent of that profit need be listed as taxable income. Keep this in mind when deciding whether or not to sell old medical or office equipment. A substantial loss can lower your surtax bracket.

### CAPITAL GAINS

The tax on gains or losses from security sales is also worth some thought. The law divides capital gains and losses into two classes. One is the short-term capital gain or loss resulting from the sale or exchange of securities you have



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owned less than six months. Normal income and surtax rates apply here.

The second type is the long-term capital gain or loss on securities you have held more than six months. There are two methods of computing the tax on long-term capital gains

(1) You can add 25 per cent of your gain to the tax on your regular income

(2) under certain conditions, you can lump 50 per cent of your capital gain with your regular income and pay the regular tax on the total.

Without sacrificing a sound portfolio, you may be able to effect a substantial tax saving next March through security sales in 1947. Intelligent planning and accurate records will help you to make the most of legitimate deductions.

—C. K. MARION, LL.B.

## Miners' Medical Fund

[Continued from page 71]

private owners any time before then; but some coal operators, especially in the southern bituminous country, were steadfastly opposed to footing the miners' welfare bill. If Congress had not settled the argument once and for all by the end of June, operators and UMW representatives would go to the mat again.

Meanwhile, other industrial unions were demanding employer-financed health and welfare funds. The United Electrical Workers, for example, had specified one in their 1947 contract discussions with General Electric and Westinghouse. But how such unions would use their funds if they got them was still problematical. The answer would have to await the action of the pace-making UMW.

—JOHN A. CONWAY



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. . . simply because there is every likelihood that the patient will take palatable medication—regularly and in adequate dosage, for as long as the physician directs. Palatability, therefore, in a preparation for treating mild B Complex deficiencies, is almost as important as the incorporated vitamins themselves.

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# When You're Called on to Testify

*Part 2 of a series that sets forth practical  
guides for courtroom conduct*



The unpredictability of the court calendar sours many physicians on the idea of testifying. They sometimes believe the lawyer's unwillingness to fix times and dates is malicious whimsey.

Not so.

If a lawyer has case No. 17, and No. 16 is in the course of trial, he may assume his own case will begin the following afternoon. If a mistrial ends No. 16 abruptly, however, it causes him to pour nickels frantically into a phone box in a hurried effort to round up his witnesses. Contrariwise, if Case No. 16 goes unexpectedly into low gear with prolonged cross-examination, witnesses summoned for the next case may have to sit around all day. The lawyer likes this even less than his witnesses do.

If you are to be a plaintiff's witness, you will testify during the earlier half of the case. You are not needed while a jury is being selected, but when the lawyer tells you, "The jury is being drawn now," it means he'll want you within an hour or two.

Most judges allow you to testify somewhat out of the regular order

if you explain why it is necessary. For example, at 2 P.M. the jury is about to be sworn in. The lawyer says he will use the rest of the afternoon for his lay witnesses and asks whether you can be on deck at 10 o'clock the next morning. But morning is your operating time. You explain that you would prefer being called between 3 and 4 this afternoon. The lawyer may say that medical testimony cannot be admitted until lay witnesses have laid a foundation for it. But if you insist, the attorney, with the consent of the judge and opposing counsel, can probably arrange that you be heard, subject to your testimony's being "connected up" later.

[PLEASE TURN TO PAGE 103]

► This article is the second of three that deal with preparing for court appearances, how to testify, cross-examination, witness fees, and related topics. The series has been prepared by Leslie L. Kohn, LL.B., former managing editor of the New Jersey Law Journal.



**ANNOUNCING**

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- Exceptionally economical.

Comprehensive clinical studies in outstanding medical centers attest the estrogenic potency and clinical dependability of Meprane. Prompt relief of menopausal symptoms was reported in a large series of cases, patients usually experiencing partial remission of symptoms during the first days of treatment. Unpleasant reactions are virtually unknown.

**DOSAGE:** In the menopause, initial therapy—3 tablets daily; maintenance therapy—1 to 2 tablets daily.

**PACKAGING:** Boxes of 30 and 100, 1 mg. (1-65 gr.) tablets, individually wrapped. Literature and samples on request.

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That provision is legally important: For example, you cannot normally testify about what caused convulsions until someone else had testified that he witnessed convulsions. But if you must take the stand out of turn, you can present your evidence subject to the lawyer's proving later that the claimant actually does have fits.

In workmen's compensation cases your turn will usually come much earlier. Your "alert" signal is then the swearing-in of the first lay witness.

If you are a defense witness, the timing is easier. You cannot be called until after the plaintiff has "rested." Since the end of the plaintiff's half of the case depends largely on how long the defense counsel takes for cross-examination, the defense counsel should be able to tell with reasonable accuracy when he will need you.

#### MAKING AN ENTRANCE

Once in the courtroom, you are in a public spotlight. Your dress, appearance, and bearing are all under observation by the jury, the spectators, the court officials; in other words, by a cross-section of the community.

Anyone who opens a courtroom door while a trial is in progress serves temporarily as a magnet for all eyes. Your best bet is to drop quietly to a bench near the door. If you think counsel should know that you have arrived, whisper that fact to the nearest court attendant and ask him to pass it along to the

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Handitip

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## Transparent Mirror

To keep closer tabs on my reception room, I've installed a new one-way-vision panel between my consultation and reception areas. To waiting patients, it's an ordinary mirror. But from my side, I get a clear view of how many patients are waiting and who they are. —M.D., NEW YORK

---

counsel table. Don't make the mistake of barging down the center aisle, brusquely opening the rail gate, and tapping the lawyer on the shoulder. This may bring a reproof from the judge.

#### THE HYPOTHETICAL QUESTION

The hypothetical question may seem an awkward, sometimes even a fantastic, device for eliciting truth. It is quite necessary, however, and can actually be a comfort to you.

A hypothetical question starts a sort of game in which you are asked to base a conclusion on an assumption. Here is how it works: You examined a man after an accident and found that he complained of headache and dizziness. You saw certain bruises and scars. You had never seen the man before, and you didn't really *know* that his head ached. You certainly did not *know* how he got the scars and bruises. In ordinary medical practice you would take the history and com-

[PLEASE TURN TO PAGE 107]

supplies **B** factors deficient in c



## ent in average diet of early infancy

It is now known that average human or cow's milk, in the amounts usually present in the diet of early infancy, provide less than the safe daily allowances\* of thiamine and nicotinic acid (amide), and in the case of human milk, of riboflavin as well.

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plaints as truth and go on from there.

In court, however, you cannot honestly swear that the man had headaches and that the scars were the result of an automobile accident. To get that history into the record, the lawyer must have the plaintiff describe the accident and list his complaints. Then you take the stand and the attorney says: "Assume that a man of such and such an age was involved in this kind of accident; assume that thereafter he complained of headaches; what can you say as to the relationship between that accident and the headache?" You can say that if the hypothesis is correct, the injury caused the headache. Then you are asked what you found on examination. You describe the bruises and scars. Next you are asked to assume the accident again and to tell the jury whether the injury could have caused the scars. You may wonder why you aren't allowed to report the history and complaints yourself. The reason is, of course, that you have no first-hand knowledge of them.

The hypothetical question permits you to answer one way on direct examination, another way on cross-examination, and be right both times. Or you, the claimant's doctor, can give one opinion, the defense doctor another, and both can be honest. For example, the plaintiff's hypothetical question may be:

"Now, doctor, assume that this man, previously in good health, suf-

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*Handitip*

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## Switch Off

If you sometimes forget to turn off office appliances, a new electrical switch can help jog your memory. The switch contains a built-in neon lamp whose warning glow reminds you that the current is still on. Some physicians have found it well adapted to remote control of dark-room apparatus.

---

ferred a head injury in an automobile accident on March 10, 1947, and that he was semi-conscious for an hour, and that the next day he had headache, and that he still has headache; can you say what relationship, if any, existed between that injury and the headache?"

Of course you must assign the headache to the injury; no other explanation is allowed to you. During the defendant's half of the case, however, defense counsel proves that the plaintiff was rejected for a life insurance policy a year before because of hypertension. He shows the plaintiff was not "semi-conscious" but only "dazed" after the accident. Now defense counsel phrases a hypothetical question for the defense doctor.

"Doctor, assume that in March 1946 this man was examined for life insurance and rejected because of a blood pressure of 210/150. Assume that he was shaken up in an automobile accident in March 1947 but was not rendered unconscious,



# A VALUABLE

## in the treatment of rheumatoid arthritis<sup>1</sup>

No one measure by itself can provide maximum benefits in rheumatoid arthritis. Modern therapy relies upon a combination of accepted therapeutic procedures:

supportive therapy directed toward increasing resistance, correcting malnutrition and anemia and alleviating pain; more specific therapy in the form of gold compounds—the only remedies producing strikingly favorable and lasting results.<sup>2-6</sup>

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<b>Vials of</b> 10 cc.	<b>Boxes of</b> 1	<b>Strengths of</b> 10 and 100 mg. per cc.

**BIBLIOGRAPHY:** (1) Dawson, M. H.: J.A.M.A. 117: 1562, 1941. (2) Hall, F. C.: M. Clin. North America 27:1309, 1943. (3) Cecil, R. L.; Kammerer, W. H., and dePrume, F. J.: Ann. Int. Med. 16:811, 1942. (4) Hartung, E. F.: J.A.M.A. 117:1562, 1941. (5) Hench, P. S., and others: Ann. Int. Med. 12:1005, 1939. (6) Freyberg, R. H.: Proc. Staff Meet. Mayo Clin. 17:534, 1942. (7) Hartfall, S. J.; Garland, H. G., and Goldie, W.: Lancet 2:838, 1937.

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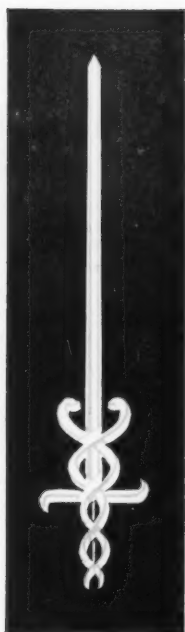
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suffered no lacerations, and required no sutures. Assume that he now says he has frequent headaches but that all physical examinations are negative. Assuming all this, what can you say about the cause of the alleged headaches?"

The defense expert will say that, assuming all this, the headaches must be the result of high blood pressure, or at least that the proved and persistent hypertension is a more likely cause than the trivial head injury. Thus the doctors disagree on cause, but both have been honest and correct. The differences stem from varying assumptions in the hypothetical question.

If an amended hypothetical question is asked, you may even have to change your conclusion. Suppose you have described the plaintiff as seriously disabled. On cross-examination, you are asked to assume that within the last week the claimant drove his car 150 miles through

a snowstorm, took part in a marathon dance, and was seen pushing a grand piano from one room to the next. What would you say about disability? You would have to say that *if* the claimant did those things, you would modify your conclusion. But don't let it worry you. If the defense counsel can prove all that, it's just as well that you left yourself a way out.

The hypothetical question is often framed jointly by attorney and physician during the pre-trial conference. The lawyer prefers to omit the damaging items but you should insist on their being included. For instance, you may know that this is the claimant's fourth personal injury within the last ten years. You should ask the attorney to include in the hypothesis an assumption of the three prior injuries. If you don't, the defense will probably include them in an amended question, nullifying the

## Ode to a G.P.

Shortly after resuming general practice, I got an emergency night call. The patient had a severe sore throat. While I examined her, she mentioned that she had angina. "Who's taking care of it?" I asked. She told me that it was Doctor Blank, a heart man.

Naturally, the evil thought flashed through my mind, "Why didn't you call your specialist at this hour of the night?" But before I had time to voice the idea, she looked at me seriously and said: "Doctor Blank is just a cardiologist. What I need tonight is a doctor!"

—M.D., DISTRICT OF COLUMBIA

effect of your direct testimony.

#### THE PRELIMINARY QUESTIONS

As soon as you are sworn in, the attorney who summoned you will ask certain identifying questions: address, profession, when licensed, years of practice, etc. If the qualifying questions were arranged ahead of time, this will proceed smoothly. Have at your fingertips the following data: (a) number of years you have been in practice, (b) when and where you were licensed, (c) approximate frequency of this type of case in your experience.

You will almost certainly be asked how the patient came to you. Answer frankly. If the lawyer sent you the patient, say so. You will be asked whether you were the treating physician. If you saw this patient chiefly to be available for court, you were not the treating physician.

You may also be asked who is paying for your time in court. You can say that you have billed, or will bill, the patient, provided that is true. If the attorney has paid you or has promised to pay you, that, too, must be stated when you are asked directly. In some jurisdictions questions of this type are excluded as irrelevant.

#### DIRECT EXAMINATION

As an expert, you can testify to findings, prognosis, and evaluation

of disability. As a treating physician, you can testify to history and complaints. If you are not the treating physician, you cannot tell the jury what the patient complained of or what history he gave you; that's hearsay. If you are permitted to report complaints and history, use the patient's words, not yours.

Bring your records to court. If you do not have them, the jury may think that you don't keep records or that the records would contradict your testimony.

When you first refer to the record, say you are "refreshing your recollection." That phrase is important. If you say you are reading from your records, the testimony may be thrown out of court. The theory is that a witness testifies about what he knows and remembers. The court assumes that you see many patients and that you cannot remember details about all. But as you look at the record, you do remember. The carbon copy of your report to the lawyer is often the best springboard for your testimony.

Combat the temptation to use technical terms. If you ligated an artery, tell the jury that you tied it. A tie is just as hemostatic as a ligature, and the jury understands it better. A "red bruise" is a better description than an "erythematous

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Dosage: 1-3 tsp. in 1/2 glass water, 1/2 hr. before meals. Available 4 & 8 oz. bottles.		FIRM OF R. W. GARDNER, ORANGE, N. J. EST. 1878

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(2) Clin.  
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(3) Am.  
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(4) Am.  
Gyn., 41

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- (3) Am. J. Obst. & Gyn., 46:259, 1943;
- (4) Am. J. Obst. & Gyn., 48:510, 1944.



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abrasion." "I found a cut an inch long" is more effective than "Examination revealed a laceration 2.5 centimeters in length." Many doctors cling to the idea that technical terms impress the jury. Actually, most juries resent them.

When answering a hypothetical question, stay within the limits of the hypothesis. Suppose that in answer to the hypothetical question you said you thought the patient would be blind. The hypothesis described injury to one eye only. The judge might ask why injury to one eye would leave the patient blind. Your answer, "Because, sir, the other is a glass eye," indicates that you used some information not in the hypothetical question.

The attorney may have omitted the glass eye from his hypothesis by error. By including it in your assumption, however, you were going out of bounds.

Keep your answers short. Don't be afraid to say "I don't know." The less you say, the narrower the opening for cross-examination. Suppose the patient, age 60, had a faint scar on the left thumb as a relic of an injury suffered fifty years ago. To be complete, you mention the scar even though it obviously has nothing to do with a leg injury of two years ago.

You have opened a whole new

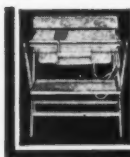
line of cross-examination about scars, remote effects of injury, time for healing—all irrelevant, but potentially so vexatious that you'll wish you had never seen that dim scar line.

One final caution. In medical testimony there is one forbidden phrase. If you mention it, the walls will fall. That phrase is "insurance company." The idea is that the plaintiff sues the defendant, not the insurance company, and that juries are more liberal with a company's money than with an individual's. If the jury knows that the defendant is insured, it may bring in a stiffer verdict. So whenever a plaintiff's witness utters the phrase "insurance company," watch for the calling of a mistrial.

Whether the defendant's physician may mention the forbidden phrase is another matter; the rule varies from case to case. However, it would be foolish for the defense witness to say "insurance company"; it might prejudice the jury. If you correspond with the company, it is best to direct your letters to its attorney, as a lawyer, rather than as a company employee. Otherwise, the letters could not be used in evidence, since they would indicate that the defendant was insured.

—LESLIE S. KOHN, LL.B.

To be concluded next month



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\*Canad. M. A. J. 54:26 (Jan.) 1946

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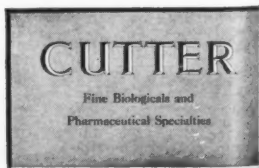
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# V.A. Sees Growing Dependence On Private Practitioners

*Home-town plans spreading to  
all states mark new era*



Veterans Administration chieftains expect the country to be blanketed by the end of this month with home-town medical care plans for veterans. That signal achievement, currently shared by some 85,000 private practitioners, marks the close of a chapter in V.A. history.

Summing up the "deplorable state of affairs" that was a Veterans Administration trademark eighteen months back, Dr. Paul R. Hawley, the administration's plain-spoken medical director, said recently: "The V.A.'s professional staffs were woefully inadequate. The surprising thing is not that some V.A. hospitals were substandard but that they could operate at all."

In sharp contrast is the Veterans Administration of today, bossed by Gen. Omar N. Bradley. Since early last year the V.A. medical staff has jumped from 666 physicians to 5,538 full-time and 1,040 part-time M.D.'s. Instead of a single, hide-bound central office in Washington, the V.A. operates eighty-one branch and regional offices with authority to get things done. Outstanding among its achievements has been

the home-town care plan, worked out with medical societies in thirty-seven states as of Feb. 1 and with an expected forty-eight by May 1.

Under the home-town care plan, family doctors throughout the United States handled 155,000 veterans' cases in one recent month, with Uncle Sam footing every bill. The V.A. expects to farm out more than 2 million cases to private physicians during 1947. In about half the states, where the "Kansas plan" prevails, M.D.'s are paid directly by the V.A. Under the "Michigan plan," used in the remaining states, a go-between agency fostered by the state medical society pays the doctors and in turn collects a lump sum from the V.A.

The volume of home-town care cases is mounting rapidly. But a number of physicians have noted with consternation that the home-town plan does not give them all the veterans' care they thought it would. Says a Rhode Island M.D., voicing a complaint typical of many: "The catch is that the veteran does *not* have free choice of physician. In all large areas where

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*The cry, the fall,*

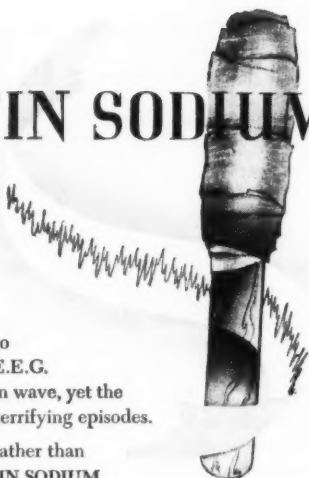
the champing teeth,  
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the V.A. has set up units to provide medical service, the veteran is referred there. Only where the V.A. has not set up clinics is the veteran able to choose his own private physician."

Such gripes have lately been plentiful, V.A. spokesmen admit. Explaining the matter, Dr. J. C. Harding, assistant medical director of the V.A., says:

"An unfortunate situation arose because of misleading publicity that appeared in many newspapers when home-town plans started. Many physicians, as well as a number of veterans, got the idea that G.I.'s could go to their family M.D. for any sort of treatment at Government expense. By now, of course,

most doctors realize that the V.A. can pay only for the treatment of service-connected disabilities and that, except in emergencies, the veteran must get authorization in advance.

"But some doctors still don't grasp the fact that the V.A. must use its own clinics to full capacity. Every regional office has one, and so do many of the subregional offices. That's why, when it doesn't work a hardship on the veteran, he may be sent to the nearest V.A. clinic rather than to his own doctor.

"But here's the nub of the matter: V.A. clinics cannot handle the load alone. That means that private physicians will get a good share of cases in every area. It means that

## Message to Garcia

In his orthopedic practice my husband has many Latin-American patients. The whole family usually attend each treatment *en masse*. They know little English and they usually accept the doctor's verdict stoically.

Recently, however, while my husband was away, the wild-eyed Garcia clan thundered into my living room. The words "casket" and "manana" were wailed repeatedly, and their pantomime left no doubt that they thought the doctor was going to put little José in a coffin the next day.

My young son's school Spanish proved of no help in clearing up the situation. We were at our wits' end. Then came inspiration: To make them understand that the doctor would put young José in a cast, not a coffin, and that the boy would soon be hopping around again, we gave a lively version of the juke-box favorite, "Cement Mixer," followed by a spirited cake-walk. It worked like a charm.

—KATHERINE KEMP

there will be plenty of V.A. work for them for years to come.

"In thickly populated areas, like some parts of New England, where the V.A. has a number of offices, it's only natural that we won't use private practitioners for the majority of V.A. cases. But there'll still be plenty of cases to farm out. In rural areas and sparsely settled states, private M.D.'s can expect a greater share of the load, since the V.A. doesn't have many clinics in those districts."

That private practitioners are not being neglected, even in the vicinity of V.A. clinics, was indicated in a recent check of key states. It showed, for example, that 7,600 Michigan veterans were examined in one recent month. Of these, 4,200 were handled by private physicians, 3,300 by V.A. staff physicians. In New York 29,000 veterans were treated the same month. The cases were divided almost evenly between V.A. clinics and private practitioners.

Recent months have seen a great speed-up in getting home-town plans started. To accelerate the program, the V.A. and state medical societies had to smooth out many differences. Typical of the stumbling-blocks, according to Doctor Harding, was the problem of fee schedules.

"We found that the state medical societies were taking a great deal of time getting their fee schedules in shape for V.A. approval," he says. "Deciding on all the items that go into a complete fee schedule takes many long hours; it was holding up the whole home-town care program."

"So we split up the fee schedule into two parts. Into part 1 we put the forty-eight items most likely to come up, items that accounted for 90 per cent of V.A. cases going to private practitioners. Now, as soon as the medical society and the V.A. agree on those forty-eight items, the statewide home-town care plan goes into operation. Approval of the less important items comes later. As a matter of fact, only fifteen states have had their full schedules approved as yet. But that no longer delays us."

Not long ago a short squib in a Washington newspaper noted that in some quarters V.A. fees were considered exorbitant. V.A. spokesmen do not consider the fees they pay private M.D.'s out of line, but the criticism has stirred them to a statistical analysis of state fee schedules. They believe the study will show that fees paid by the V.A. are no higher than those prevailing in each area.

In the offing for private M.D.'s is

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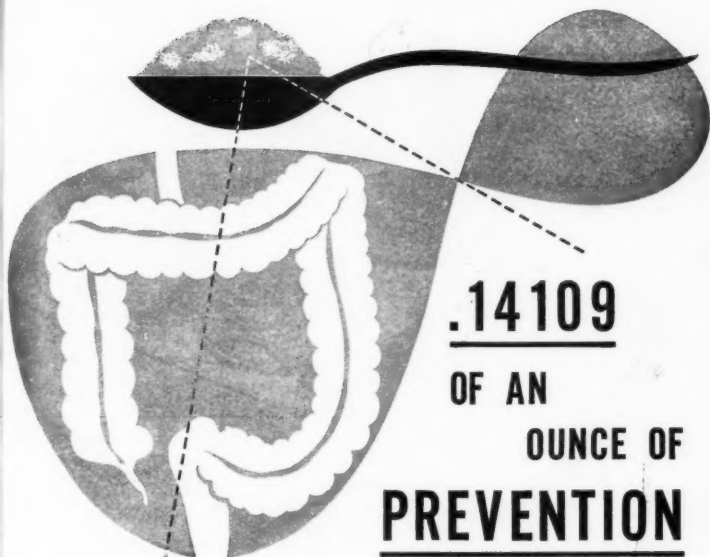
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a \$6,000-a-year limit on the V.A. fees they can collect. Impetus to the ceiling movement came from a \$10,000 bill that a Pittsburgh, Pa., radiologist submitted for one month's V.A. work. V.A. officials admit he earned it. Facilities for veterans in that area were inadequate, and his fee per case was lower than the fee the V.A. customarily pays. Nonetheless, a \$6,000 limit has already been placed on doctors doing work in V.A. clinics. Regional offices have been told to scrutinize the accounts of any private M.D. whose out-patient fees exceed that amount.

What bugs have developed in home-town programs? Says Doctor Harding: "Most of our troubles have come in educating doctors to the type of examination the V.A. requires. Lack of information among some private practitioners has retarded both the veterans' treatment and their own pay-

checks. The V.A. is now distributing 85,000 copies of its Manual for Medical Examiners. We hope these will help cure the situation.

"We've also had some trouble with Veterans Administration forms. Right now we have a number of 'test teams' in various localities, trying out simplified procedures and especially simplified forms. Each of these teams includes men from the medical, coordination, and planning departments of the V.A. Once they report back, I can assure you that the forms definitely will be simplified. In some states—Michigan, for example—that's been accomplished already.

"Some flaws have developed in the home-town prescription service, now operating in forty-five states. Suppose, for example, that we authorize a doctor to treat Bill Jones, veteran, for a particular disability. If the physician then prescribes for

[PLEASE TURN TO PAGE 123]

## Point of View

In broken English, the excited voice on the phone asked for the doctor. Since he was busy with a patient, I asked whether I could take a message. The caller stammered, "Tell the doctor, my wife she is going to get well."

"That's fine," I said. "Doctor will be glad to hear it. I'll tell him as soon as he's free."

"No, no!" cried the voice. "Tell the doctor to come quick. My wife, she is going to have a baby!"

And so she did, recovering promptly from her nine months' illness.

—PHYSICIAN'S AIDE, NEBRASKA

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some other condition and the druggist fills the prescription in good faith, the druggist is left holding the bag. Family doctors must realize that home-town prescription service doesn't permit them to write prescriptions for any except the specific disabilities that the V.A. authorizes them to treat."

Despite the general success of its home-town care program, the V.A. has come a cropper in a few areas. In one state, "things are a mess," regional officials admit privately. What's more, they agree it's the V.A.'s own fault. Says one spokesman: "There's a bad snarl in the V.A.'s end of things here, caused partly by personnel shortages. Right now it takes two months for V.A. payments to get to the doctors' organization. We've got extra men working on it, and the tangle should be cleared within a couple of months."

Fully as encouraging as the spread of home-town care plans has been the revitalizing of the V.A.'s own medical services. Its administrators concede that they could not care for the country's 18 million veterans without the help of private practitioners. But they point with pride to the changes in their own organization in a year and a half.

What made these changes possible? Doctor Hawley recently explained it by presenting his own before-and-after picture. Said the V.A.'s top physician: "Medical service was always a stepchild under the previous administration. Al-

though the medical service employed almost half the V.A. personnel and had millions of dollars invested in hospital plants, it had little voice in its own affairs. It was submerged under a lay administrator.

"General Bradley, as Administrator of Veterans' Affairs, has given complete and sympathetic support to his medical service. If ever there is a successor to General Bradley who does not give it the same kind of support, the medical service will deteriorate rapidly. In no time at all it will again reach the same unhappy state it was in little more than a year ago."

V.A. medical men speak warmly of the high caliber of physicians added recently to the V.A. roster. A liberalized salary scale has had something to do with this successful recruitment, they feel. Current salaries for V.A. physicians are \$4,000 to \$11,000, and the law was recently changed so that doctors are paid on the basis of qualifications, rather than seniority. "Remember," says one V.A. administrator, "that V.A. work involves practically nothing in the way of professional expenses. I'd say that a V.A. salary of \$11,000 was equal to a gross income of about \$18,000 in private practice."

Says Doctor Hawley: "Our gains in quality have been most gratifying. More than 10 per cent of the new physicians we have recruited are diplomates of specialty boards.

[PLEASE TURN TO PAGE 126]

# Acute Wetting Angle + Tyrothricin

**THESE ANGLES TELL SIGNIFICANT STORY.** A vehicle's spreading and wetting capacity is revealed by the angle of contact with the skin. Water droplet (left) always has 90° angle. "Intraderm" vehicle (right) forms much smaller angle.

Droplets (both 0.02 ml.) photographed just after application to normal human skin.

Smaller wetting angle indicates greater wetting, spreading and contacting capacity.



**TWO MINUTES LATER.** Water droplet retains shape. "Intraderm" droplet has spread and seeped into furrows. Small wetting angle demonstrates efficiency of "Intraderm" vehicle.

## You can treat stubborn pyodermas more effectively with Intraderm Tyrothricin Solution.

Increased wetting capacity and low surface-tension are coupled with fat- and water-solubility. These unusual physical properties insure that tyrothricin reaches the site of infection.

Intraderm Tyrothricin contains 1,000 mmg. of tyrothricin per ml. (gramicidin 200 mmg.). The solution is a clear, heat- and time-stable liquid which penetrates normal and diseased skin through the follicles. It spreads on and seeps into diseased tissue. It is miscible with pus, serum and tissue exudates.

Tyrothricin is rapidly bactericidal to most gram-positive organisms. It stimulates the formation of granulation tissue and is non-toxic. It is not inactivated by serum or necrotizing tissue.

In contrast to penicillin and the sulfonamides, sensitization to tyrothricin has not been reported.

## Advantages Over Ordinary Tyrothricin

Intraderm Tyrothricin is a *true solution*. It is not precipitated by body fluid electrolytes. It has both gramicidin and tyrocidine present as molecules. They diffuse rapidly and are quickly adsorbed on the surface of bacteria. Bactericidal action is enhanced.

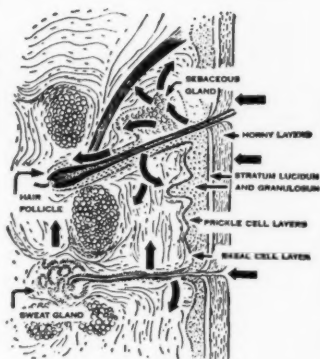
# Price: New Therapy for Pyodermas

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Intraderm Tyrothricin Solution is a compound vehicle. It effects percutaneous penetration by combining the properties of surface wetting action, solvent power, lipid solubility, and water solubility.

**CLINICAL RESULTS...**Reported trials<sup>1</sup> with Intraderm Tyrothricin on sycosis vulgaris, folliculitis, hemostatic ulcers, furunculosis and carbuncles gave favorable clinical results in 232 patients.

<sup>1</sup>MacKee, G. M., Sulzberger, M. B., Herrmann, F., and Karp, F. L.; *J. Invest. Dermat.* 7:175 (1946).



How Intraderm Tyrothricin penetrates the skin. Arrows show routes of penetration.

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But how long we can continue to attract the quality of personnel we must have to operate the standard of service we want is problematical. We cannot compete financially with the private practice of medicine."

Less rosy than the home-town care situation is the status of veterans' hospitals. Ultimate V.A. needs are estimated at about 200 hospitals and 250,000 beds. Only 123 V.A. hospitals are in operation at present; they have a patient-capacity of about 100,000. Thirty-four of these are surplus military hospitals in temporary buildings. In time they must be replaced or abandoned. Although seventy-four new V.A. hospitals have been okayed by Congress, only four were under construction at the turn of the year.

Nevertheless, 119,000 hospitalized veterans were under V.A. care the first month of 1947. The V.A. turned this trick by contracting for beds in private hospitals and by utilizing some beds in Army and Navy institutions. More than two-thirds of the hospitalized veterans had non-service-connected disabilities. To be hospitalized at Government expense, they had simply to submit a sworn statement saying that they could not pay for it.

Though still crowded and under-

manned, V.A. hospitals are worlds apart from the pre-Bradley institutions. Doctor Hawley offers an example: "Take the experience of one of our hospitals," he says. "In 1945 its average patient stayed forty-two days. It cost \$5.03 to keep the veteran in this hospital each day.

"Today it costs \$7.75 a day to keep a patient in this same hospital. But now the average patient stays only nineteen days. No longer does he wait interminably for an X-ray examination or for a surgical operation. His case is worked up promptly; he is given the necessary treatment without delay; he recovers and goes home.

"This means a great saving to the veteran, for his loss of earning power is cut in half. Then, too, this hospital, instead of treating only 7,000 veterans each year, can now treat more than 15,000. And the total cost of treating one veteran has dropped from \$210 to \$155."

For this about-face in veterans' hospitalization, the V.A. has the country's medical schools to thank. Fifty-seven of them are cooperating in a V.A. residency program that administrators call "the greatest thing that ever happened between Government and medicine." More than a year ago these schools began manning V.A. hospitals. To-

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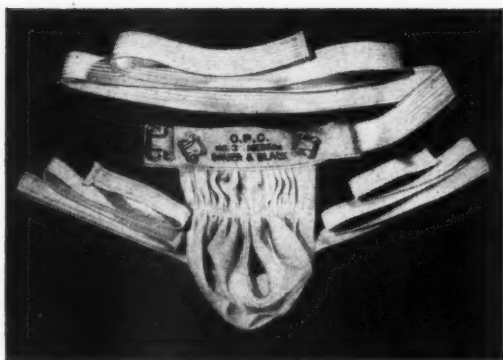


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day 1,400 residents and 1,500 medical-school M.D.'s are taking an active role in the care of patients hospitalized in these units.

Bolstered by this civilian assistance, the V.A. is able to operate a typical 800-bed hospital with only five full-time V.A. physicians. Not only has this program meant better care for veterans (mortality rates in one hospital are down nearly one-third) but it has also helped the schools. Says one educator: "Hospital training has always been the Achilles heel of medical education. The V.A. residency program has fortified this weak point; we're extremely enthusiastic about the way it has worked out."

Hampering the residency program has been tardiness in setting

up medical libraries and research facilities in V.A. hospitals. For this drawback, some medical men feel old-line V.A. supply officers are largely to blame. As one M.D. administrator puts it, "One of our big jobs is to re-educate some of these V.A. men who have been saying 'It can't be done' for twenty years. General Bradley has told them to throw away the book, but old habits die slowly. I promise you that we'll keep hammering at them from the Washington end. If physicians do likewise from the local end, I hope we'll be able to knock the last piece of red tape out of there."

About 53 per cent of all hospitalized veterans are neuropsychiatric cases for whom thirty-three V.A. hospitals now exist. N.P. vet-



erans who do not need hospitalization are treated in mental hygiene clinics where the V.A. is essaying preventive medicine. Another 11,400 veterans are T.b. patients, most of whom are being cared for in fifteen V.A. T.b. hospitals.

Rehabilitation continues to rank high on the V.A. agenda. Its program is not limited to restoring mobility to disabled veterans. It helps them educationally and vocationally. The V.A. will buy a disabled veteran any prosthetic appliance he chooses. A nationwide repair service is being established so that amputees can get immediate repairs and bill the V.A. By Jan. 1, 5,636 automobiles paid for by the V.A. had been delivered to disabled veterans.

Says Doctor Hawley: "We have only scratched the surface of medical rehabilitation. Yet already we have, in the Veterans Administration alone, literally hundreds of paraplegics already earning a comfortable living or in training for this objective. Under conditions that prevailed only a few years ago, most of these patients would have been dead by this time."

What can private practitioners expect of the V.A. in 1947? Says Doctor Harding: "As our backlog is reduced, our staff physicians will handle a larger proportion of veterans' examinations. But for treating veterans, the V.A. will use family physicians more and more. We couldn't do the job without them."

—R. C. LEWIS

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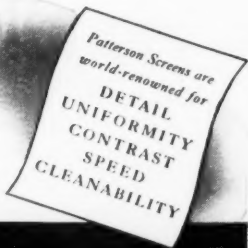
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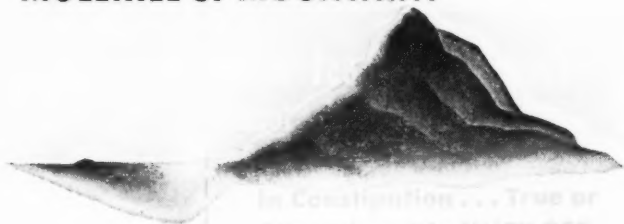
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# Hints on Drafting a Contract for a Medical Group or Partnership

*Things to consider when you and your lawyer put your heads together*



Thinking of forming a private medical group or of going into partnership with one or more colleagues? Then here's a check-list of points for you and your lawyer to consider when he draws up the contract you'll use:

## SIGNATORIES

Note effective date and duration of partnership and full legal names of all physicians who are to become partners.

## DEFINITION

Define your aims in forming the partnership (e.g., "for the purpose of giving better aid to the sick and afflicted; encouraging scientific study, investigation, and research; and promoting better business administration in the practice of the profession"). State your agreement

to form (or to continue) the medical group. Give the group's full title.

If the agreement supersedes an earlier one in a continuing group, state that the new partnership succeeds to, and assumes, all existing business, assets, and liabilities of the old.

## CONTROL

In small groups the entire partnership may act as a committee of the whole in establishing policy, controlling administration, and making major decisions. But beyond a certain size (say, ten partners) such an arrangement tends to become unwieldy. Even in small groups consisting of senior and junior M.D.'s the committee of the whole may prove cumbersome. For that reason,

---

► Because of increased interest in group practice, MEDICAL ECONOMICS has undertaken a broad study of the subject. Data collected from almost every known group in the U.S. are being presented in a series of articles.

For the purpose of this series, group practice is defined as the provision of medical services, both diagnostic and therapeutic, by a number of physicians working in systematic association, with joint use of equipment and technical personnel and with a centralized administrative and financial organization.

the partners must decide on the control method and set it forth in their agreement.

You may stipulate that full control is vested in the partners and that a majority (or three-fourths) decision is binding on all, except that such a decision may not contravene the terms of the partnership agreement.

Or you may stipulate that full control is vested in an executive committee. Define its size, how its members are to be picked, their terms of office, and the limits of their authority.

Also stipulate that the committee of the whole (or the executive committee) shall have power to appoint one or more partners or a business manager to execute partnership checks, notes, contracts, and other instruments, and that no other person may do so.

#### VOTING POWER

Define exactly the voting power of each partner.

In a new group whose partners are on an equal basis the allocation may be one vote each. If the group includes "junior" men, the latter may get one-half vote each. In larger, expanding groups, a more elaborate method of determining voting power should be stipulated. One system used gives each member at least one-half vote. A man

who has been a partner one to four years, inclusive, has one-half vote; five to eight years, one vote; nine to twelve years, two votes; thirteen to sixteen years, three votes; seventeen to twenty years, four votes; plus one extra vote for each two years after the twentieth.

This method, if uncurbed, would tend to place increasing power in the hands of the older men and to diminish the zeal of the partners in vigorous middle life. It is modified, therefore, by a "cutback" starting at age 60, so that by the time a partner reaches 70, he has only one full vote.

#### PARTNERS' OBLIGATIONS

Stipulate that partners must devote all (or substantially all) their professional time, effort, and abilities to the partnership's business; that they may engage in extramural, profit-making, professional work only with the consent of the other partners (or a majority of them); and that all billings and collections for professional service must be made through the partnership. Stipulate further that all assets produced by a partner, including accounts receivable, shall remain the property of the partnership if he withdraws, voluntarily or involuntarily. Stipulate, finally, that a withdrawing partner forfeits all interest in the assets of the group ex-

*with  
Confidence  
Doctor*

You can advise Resinol when ointment medication is indicated to relieve symptomatic itching. All its ingredients are well known for their effectiveness, and it has stood the test of 45 years' satisfying use. Why not try it? May we send you a sample? Just write Resinol ME-29, Balto.-1, Md.

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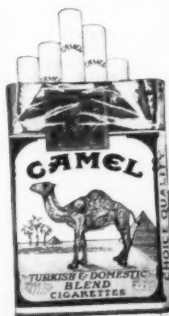
# Experience is the Best Teacher



**F. G. Jacob Henle**  
(1809-1885)  
proved it in Minute  
Anatomy

The experience gained from hundreds of dissections was the basis for Henle's many discoveries—the tubules of the kidney, minute anatomy of the eye and various brain structures. Henle's work proved—*experience is the best teacher.*

*Yes, and experience is the best teacher in smoking too!*



**T**HE wartime cigarette shortage was a real experience to smokers. Whether they intended to or not, people found themselves smoking many different brands, learning by actual experience the differences in cigarette quality. The result of all these comparisons was the biggest demand for Camels in history. And today more people are smoking Camels than ever before.



*According to a recent Nationwide survey:*

**MORE DOCTORS  
SMOKE CAMELS**  
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Winston-Salem, N. C.



*Efficiency  
for You*  
**COMFORT  
FOR THE  
PATIENT**

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SUPPLY DEALER OR  
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ST. LOUIS, MO.

cept as may be provided otherwise in the agreement.

#### INCOME DISTRIBUTION

State that net profits, after payment of all professional expenses and after the establishment of a reserve fund, shall be divided among the partners. Stipulate exactly when such division shall be made (e.g., within one month of the completion of the calendar or fiscal year). Describe in detail the method or formula by which income shall be divided.

#### DRAWING ACCOUNT

Specify the formula by which the maximum monthly drawing account of each partner shall be determined, when it shall be payable, and the maximum amount.

#### RESERVE FUND

Before the yearly distribution of profits takes place, part of the net income (say 10 per cent) should be set aside in a reserve fund. This serves (1) as a financial cushion in the event of an economic depression and (2) as a means of setting

### *Anecdotes*

¶ MEDICAL ECONOMICS will pay \$5-\$10 for an acceptable description of the most exciting, amusing, amazing, or embarrassing incident that has occurred in your practice. Contributors may remain anonymous upon request.

Medical Economics, Inc.  
Rutherford, N.J.

# When Treating Nephritis by INTRAVENOUS INJECTIONS

For intravenous injections of albumin, glucose or saline solution as correctives to metabolic disturbances, especially where manifestations of edema and azotemia are present, the needle for minimum irritation and trauma is VIM.

This is the needle made from the "sterling of stainless steels", the needle with the hollow ground point and keen cutting edges. The VIM point gently slits skin tissues and vein wall rather than puncturing them, assuring minimum seepage and shock.



**FIRTH-BREARLEY  
STAINLESS  
CUTLERY STEEL  
HYPO NEEDLES**

The following lengths and gauges for intravenous injections fit any standard luer syringe and may be ordered from your surgical instrument dealer with Intravenous points (18°):

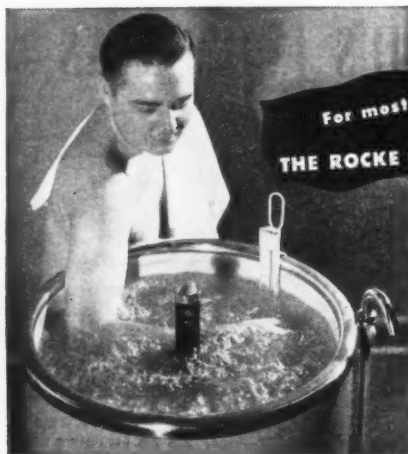
- 25 Gauge,  $\frac{3}{4}$ "
- 24 Gauge,  $\frac{3}{4}$ ",  $\frac{1}{2}$ "
- 23 Gauge,  $\frac{3}{4}$ "
- 21 Gauge, 1"
- 20 Gauge, 1",  $1\frac{1}{2}$ "
- 18 Gauge,  $1\frac{1}{2}$ "
- 22 Gauge,  $\frac{3}{4}$ ", 1",  $1\frac{1}{4}$ ",  $1\frac{1}{2}$ "

Physicians find that Vim needles hold their sharpness almost indefinitely despite continued use and sterilization. They are made from stainless *cutlery* steel, heat-treated and tempered to exactly the hardness demanded in a *cutting* instrument.

VIM needles are also available for Intramuscular, Intradermal, Subcutaneous, Intramuscular and general hypodermic work. Write us for a complete list of sizes and points suitable to your specialty.

**MacGREGOR INSTRUMENT COMPANY**  
Needham 92, Mass.

**SOLD IN: UNITED STATES:** Surgical Instrument Dealers  
**CANADA:** Ingram & Bell, Ltd. Toronto, Montreal, Winnipeg, Calgary  
**GREAT BRITAIN:** Henry Millard & Sons, Redditch, England  
**SOUTH AMERICA:** G-E Medical Products Co., Chicago, Ill.



For most gratifying results  
**THE ROCKE HYDROTHERAPY BATH**

*facilitates treatment  
of many traumatic  
and chronic inflam-  
matory conditions  
of the extremities.*



Inflammation of joints, muscles and tendons; post-operative fractures; painful stumps; indolent ulcers; painful and adherent scars; purulent wounds, and acute arthritis—these are conditions for which treatment with the whirlpool bath has proved a valuable measure.

To adequately serve this purpose, the design of the Rocke Hydrotherapy Bath is a distinct departure from that of conventional whirlpool baths. Its entirely new principle of operation creates a steady, vertical circulation of whirling, aerated water, to produce a stimulating, massaging effect on the immersed extremity. This in addition

to the beneficial effects of the heated water on peripheral circulation.

Patients gratefully acknowledge their comfort during a Rocke Bath treatment, likewise the sensation of immediate relief—particularly in chronic cases involving pain. This is another contributing factor to the increasing popularity of this efficiently designed, efficacious unit.

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**GENERAL  ELECTRIC  
X-RAY CORPORATION**

up a retirement fund for partners. The agreement should state such aims and should stipulate that the portion of the fund set aside for emergencies shall be used only in emergencies when other partnership funds are unavailable, and then only with the consent of a majority (or of three-fourths) of the partners. It should prescribe the types of securities in which the reserve fund shall be invested (e.g., Government bonds, high-grade stocks).

To specify reserve fund ownership, a clause such as this is suggested: "The interest of the member in such reserve fund shall be absolute ownership of his undivided interest therein. The member, however, does hereby agree to leave his share in the reserve fund under the authority and control of the partnership until and unless such share may be paid to him or his

representatives in accordance with the provisions herein contained."

The interest of a retiring or deceased partner in the reserve fund may be determined by establishing, percentagewise, his yearly income from the group in relation to its total income.

#### ARMAMENTARIA

Stipulate that the partnership shall furnish all necessary equipment, apparatus, and supplies (except automobiles, their fuel, and upkeep) for the efficient practice of medicine and surgery.

Authorize the establishment of a purchasing committee that shall approve (or disapprove) whatever purchases of professional equipment are contemplated. State that an appeal from the committee's decision may be taken to the entire partnership at a business meeting.

If the partnership is to own, control, or operate a hospital or

### What's Her'n Is His'n

A young farmer in my neighborhood was married to a woman whose first husband had recently died. Two months after the marriage, she presented a new baby to her new husband. A colleague of mine handled the case, and I gave the anesthetic.

Shortly after the delivery, a neighbor said to the husband, "Whose baby is the new one?" "It's mine," he answered. "But—" the neighbor objected, "you only knew your wife about a month before you married her. It takes nine months to get a baby. How do you figure it's yours?"

"Well," drawled the husband, "if I buy a cow and she has a calf, it's my calf, ain't it?"

—M.D., CONNECTICUT

pharmacy, stipulate that it has authority to do so.

#### EXPENSES

Indicate that the partnership will assume all ordinary and necessary expenses incident to practice by members, except local transportation.

#### PHYSICAL ASSETS

Ownership of the group's physical assets may be vested in the partnership or in a holding corporation or foundation. If they are vested in the partnership, the agreement should stipulate the percentage holdings of each partner, in some such manner as this:

"The parties hereto own interest in the physical assets of the partnership in these proportions: Dr. A, an undivided 20 per cent; Dr. B,

an undivided 20 per cent; Dr. C, an undivided 15 per cent [etc.]."

#### MEETINGS

Stipulate place, date, and hour of regular business meetings (usually monthly) and an alternate date in case of a holiday.

State that special meetings may be called to discuss only special business, at the request of a stipulated number of partners, and that each partner must receive reasonable notice in writing of the place, date, hour, and purpose of the meeting.

Define a quorum as the majority of partners or the majority of voting power (to be defined), or both; and stipulate that no action binding on the partnership may be taken in the absence of a quorum.

#### ABSENCE

Stipulate by percentage (1) the maximum monthly withdrawal a partner may make and (2) the number of months for which he can make it in the event of his sickness, disability, or extended absence. Also state that in the event of extended absence the partners may (by majority or three-fourths vote) require the absent partner to resign.

#### ANNUAL LEAVES

Stipulate the number of weeks of annual vacation with pay that each member is to have. Also the number of weeks with pay he may have for professional improvement (e.g., post-graduate instruction, attendance at conventions).

#### AUTOMOBILES

Stipulate that each partner is to furnish and maintain his own auto-

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- Lowest-priced all-purpose light on the market.
- 3 great lights in 1—triple illumination for diagnostic, operative and examination work.
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Adjustable, 41½ to 64½ in. Black crackle finish, polish trim. Balanced base. Lighting head tips to any angle. Price, Complete \$22.75

### No. 1202A—Wall Model

(Not illustrated) Attractive telescoping bracket extends to 25½ in. Takes little space when not in use. Price, Complete \$22.75

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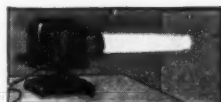
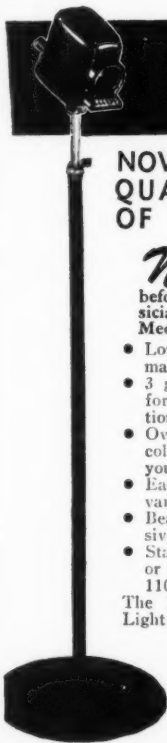
(Not illustrated) Same as No. 1201A Floorstand Model excepting height. Adjustable from 30½ to 52 in. Price, Complete \$22.75

### No. 1200A—Desk Model & Microscope Lamp

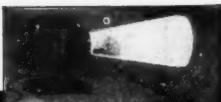
Dark and bright field; monocular or binocular. Lighting head detachable for easy mounting on floor stand. Filters available. Price, Complete \$14.75

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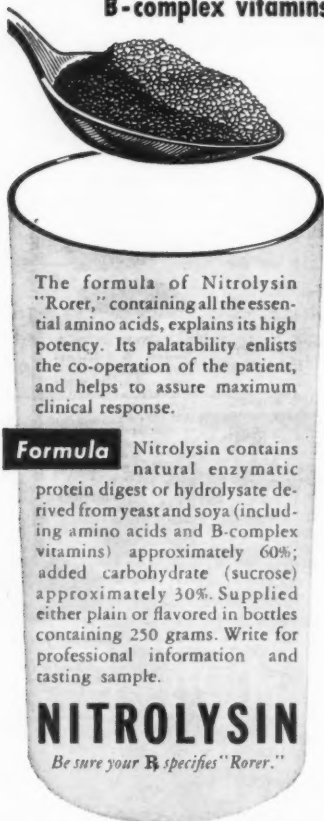


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hydrolysate with  
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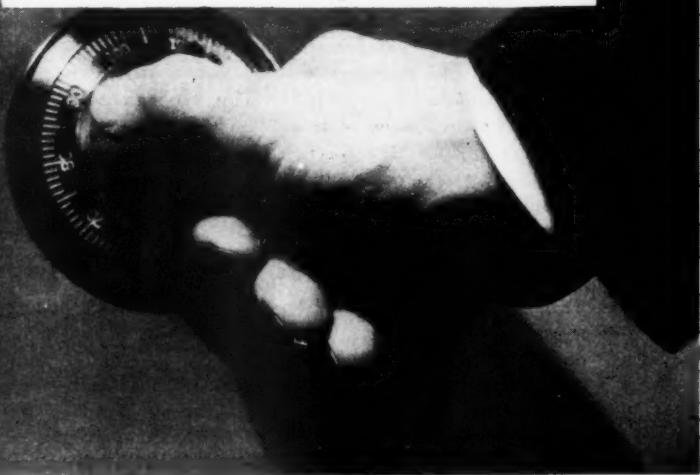
mobile for professional purposes. Indicate also that each must furnish the group with personal injury and property damage insurance (\$10,000/\$20,000 or other limits) in a form and company acceptable to the partnership.

**WITHDRAWAL**

Stipulate the manner in which a partner may withdraw from partnership and the conditions agreed to in the event of death or withdrawal. For instance: "A member may voluntarily retire or withdraw from the partnership at any time; and any member may be required to withdraw at any time and for any reason whenever at least 75 per cent of all partners (each casting a single ballot) vote that such withdrawal be required. Upon the death or withdrawal, voluntary or involuntary, of any member or members, the remaining partners agree to continue as partners in accordance with the provisions of this agreement. Upon the death of a member, the partnership shall pay to his estate the proceeds, when received, of life insurance carried by the group on his life, plus the value of his share of the reserve fund, plus his proportionate share of undistributed profits at the end of the month in which he has died; and each partner for himself, his heirs, executors, and assigns agrees that such payment shall be accepted in full satisfaction of any and all claims that he or his heirs or estate may have against this partnership, and in full payment for all his interests in all its assets of every kind

# MAZON

*For effective dermal therapy try the combination of Mazon and Mazon Soap where other medicaments have failed.*



The simple Mazon treatment employing Mazon and Mazon Soap acts quickly to bring skin infections\* under control. Many clinical studies prove Mazon's success. On your next skin case, try Mazon Ointment and Mazon Soap. Mazon is anti-pruritic, anti-septic and anti-parasitic. It is easy to apply and requires no bandaging.

\*Indications include Eczema, Psoriasis, Alopecia, Ringworm, Dandruff, Athlete's Foot and other skin irritations not caused by or associated with systemic or metabolic disease.

**BELMONT LABORATORIES CO., PHILADELPHIA, PA.**

and description, and that all his interest in such assets, except as above provided for, shall become the absolute property of the remaining partners upon his death."

Stipulate that each partner, upon his voluntary or involuntary withdrawal, agrees that he will not re-engage in the practice of medicine within a stated radius of the community in which the group is situated for a stated period of years (often three).

The agreement should contain other specific clauses governing the why, how, and when of withdrawal. Separately, it should contemplate all these contingencies:

1. Withdrawal by reason of retirement from practice at a specified age.
2. Withdrawal by reason of illness or disability.
3. Dismissal for violation of contract.
4. Dismissal not involving violation of contract (*e.g.*, incompatibility, incompetence).
5. Voluntary withdrawal of a partner for his own reasons.

The manner of each withdrawal should be provided for in its own separate clause. Basic in all should be this arrangement: The withdrawing physician shall be paid his monthly sum *pro rata* to date of withdrawal, plus his *pro rata* share

of undivided profits (defined elsewhere in the agreement) as of the end of the month preceding retirement, plus his *pro rata* share of the reserve fund.

In contingencies 1, 2, and 5, the group should assign to the withdrawing member the life insurance it holds for him; it may also do this in contingency 4, but specifically at its own discretion. In every case (except, perhaps, 4), the physician should be enjoined from practicing in the community, according to the clause he has agreed to in becoming a partner.

#### INTEREST

This type clause is suggested: "In all cases where a member withdraws or is expelled from the partnership or becomes a non-member in any manner whatsoever, all his interest in all assets of the partnership, of every kind and description, including any interest such member may have or claim in the accounts receivable that may thereafter result from the professional services of said member during his connection with the partnership, shall thereupon become the absolute property of the partnership, and such member shall have no rights or claims against the partnership or its members except in the performance of the foregoing provisions that may be applicable to



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ANNOUNCEMENTS

APPOINTMENT CARDS ★

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★ CASE HISTORIES ★

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★ "HISTACOUNT"

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him as a result of such withdrawal or other disconnection from the partnership. Each member withdrawing from the partnership, voluntarily or otherwise, shall, upon receiving the payments to which he is entitled as aforesaid, execute the agreement for withdrawal hereto attached." (The agreement should be drawn to constitute a waiver of all right, title, and interest in any remaining assets.)

Stipulate that no party to the agreement shall, without the written consent of the others, sell, pledge, or assign his shares of interest in the partnership property, assets, or profits to any person or persons.

### PERPETUITY

Stipulate that the partnership shall not be dissolved by the death, disability, withdrawal, or retirement of any partner, but shall continue in full force and effect for the remaining partners.

The contract should be drawn so that withdrawal of or addition of a partner will not require a new agreement to be signed.

### LIFE INSURANCE

There is a trend among groups to purchase life insurance and, in some instances, retirement annuities for partners. The policies are usually assigned by the groups to withdrawing partners or their proceeds paid to the estates of deceased partners in return for the release of any claims on the partnership's assets. For that reason it may be stipulated in the agreement that the group will purchase ord-

*This*



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Infantile eczema, with and without secondary pyogenic infection, were the conditions in which the unusual therapeutic efficacy of Tarbonis and Sul-Tarbonis was proved (J.A.M.A. 117:1415 [Oct. 25] 1941). Tarbonis presents a unique alcoholic extract of coal tar—rich in the substances to which the action of tar is attributed—incorporated in a vanishing cream base containing lanolin and menthol. Odorless, greaseless, and colorless, Tarbonis provides all the efficacy of tar in its most valuable form. Indicated in many types of eczema and whenever the action of tar is required. When secondary infection supervenes, Sul-Tarbonis provides the antibacterial influence of sulfathiazole (5%) in addition to the action of Tarbonis.

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Here is the modern, double-duty Ultra-Violet lamp for every professional office. Concentrated for localized efficiency, compact and light for comfortable hand-use, moderately priced and Birtcher-built for long use.



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nary life insurance for each partner, with the manner of purchase detailed.

One group, for instance, buys \$2,500 immediately for each new partner and increases the coverage \$2,500 after each two years of service until a maximum of \$20,000 has been bought. Naming itself as beneficiary, the group is in a position to assign the policy or its benefits upon receiving a quitclaim on the group's assets.

#### OTHER INSURANCE

Stipulate that each partner shall be covered by malpractice insurance and by other types agreed upon. Specify whether or not premiums will be paid by the group.

#### SALARIED PHYSICIANS

If the group intends to employ any physicians on salary, either for a probationary period before they join the partnership or otherwise, provide for this in the agreement. Describe minimum professional standards to be applied to candidates, the schedule of their salaries, and the method of their election as partners.

#### HOLDING CORPORATION

It has been suggested how the group may liquidate the holdings of a withdrawing or deceased partner without liquidating its assets (i.e., undivided profits, funds in reserve, accounts receivable). But what of real estate and physical assets?

One method is to form a holding corporation or foundation. Such an agency does not practice medicine; it merely leases the facilities to the

partnership. It may be owned or controlled by one partner or by a number of them, or it may be a quasi-public foundation whose board of directors is named by the group. It may exist only to lease property to the partnership or it may, in addition, subsidize medical education, research, or charity. Its existence is not threatened by changes in the group. A new partner makes no investment in it nor does a retiring man withdraw from it.

If you utilize a separate holding agency, recognize its existence in your partnership agreement. Authorize the payment of rental for the facilities it owns. The amount of rental and the manner of paying it must be worked out by the partnership and its attorneys. Obviously, the amount must be enough to maintain and enlarge the facilities as required, to pay for depreciation and obsolescence, and, perhaps, to make possible a profit for eleemosynary purposes.

#### GRIEVANCES

Stipulate a procedure for settling disputes between professional members of the group.

—ROSS C. MC CLUSKEY

*For  
head colds, nasal  
crusts and dry-  
ness of the nose*



**R. OLIODIN**   
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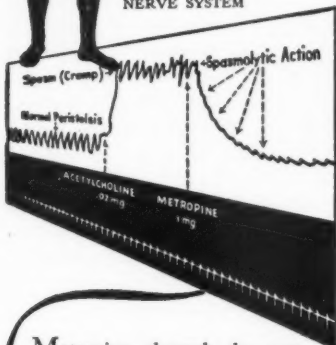
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METHYL ATROPINE NITRATE (STRASENBURGH)



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NERVE SYSTEM



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*R.J.* STRASENBURGH Co.

PHARMACEUTICAL CHEMISTS SINCE 1888

ROCHESTER 4, NEW YORK

## Mentor

[Continued from page 73]

his most troublesome worries.

Mixing medicine and sports is a Mal Stevens habit. A Kansas doctor's son, he studied and taught at Yale's medical school while drilling grid tactics into Eli football players. At NYU he ran the Violets with one hand, a surgical practice in New York and New Haven with the other.

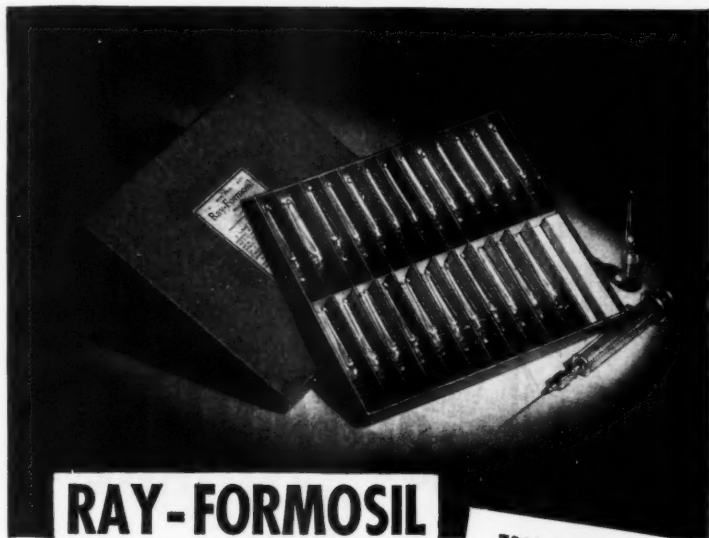
In 1942 he swapped his long-peaked coach's cap for the gold braid of a Navy commander, served in the ETO and aboard a Pacific hospital ship. Early this year Yankee-owner Larry McPhail named him club physician for his million dollars' worth of athletes.

Mal is miffed at reports that he belongs "exclusively" to the Yanks. "I'll look after the teams," he says, "and travel with them. But I'll still keep up my hospital work and my practice."

## P atients

¶ Who was your most unusual patient? What made him unforgettable? MEDICAL ECONOMICS will pay you four cents per published word (a minimum of \$5) for an acceptable answer. Requests for anonymity respected.

Medical Economics, Inc.  
Rutherford, N.J.



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Ray-Formosil for intramuscular injection is a clinically proved, effective treatment in most cases of Arthritis and Rheumatism. It is a non-toxic and sterile, buffered solution containing in each cc. the equivalent of:

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Descriptive clinical literature will be furnished upon request.

If your dealer cannot supply you, order direct. 1 cc. Ampuls—  
12 for \$3.50; 25 for \$6.25; 100 for \$20.00.

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You can Always  
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**ACE "LASTEX" <sup>\*</sup>(No. 8.)  
BANDAGE**  
**HERE'S WHY —**

- ① Slipping of ordinary bandaging, usually caused by motion, is practically eliminated by the firm support of ACE "LASTEX"\* (No. 8).
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**1897 — SERVING THE MEDICAL PROFESSION FOR FIFTY YEARS — 1947**

# The Newsvane

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## ***Sees U.S. Moving Away From Socialization***

The world trend may be toward nationalization of industry and medicine, but U.S. public opinion is definitely veering from it. So says George Gallup, director of the American Institute of Public Opinion. He refers to a 1936 survey that showed 36 per cent of respondents favoring nationalization of banks, 56 per cent opposing it, and 8 per cent undecided. By 1945, the ayes had dwindled to 27 per cent. Today, 26 per cent vote yes, 66 per cent no, 8 per cent are undecided.

In 1936, 40 per cent favored nationalization of electric power, 52 per cent opposed, and 8 per cent were undecided. Today, says Gallup, 28 per cent vote yes, 64 per cent no, 8 per cent are undecided.

## ***'How to Torture Your Office Assistant'***

The secretaries were willing to learn how to become better office aides by taking a special course fostered by the Oklahoma County (Okla.) Medical Society. But some of them hinted that their bosses, too, might learn something. So they

got up in class and revealed their "pet peeves." The following were among them:

"He makes appointments without consulting the appointment book."

"He tells me how to do a job I've done countless times before."

"He calls me in for dictation before he's made up his mind what, if anything, he's going to dictate."

"He double-crosses me by taking non-emergency patients after I've told them they'll have to wait till a later date."

"He discusses office work when I'm talking to a patient on the telephone."

"He sets up procedures and never follows them."

## ***'Hiccup Girl' Rebuked by County Society***

The case of the "Hiccup Girl," sensationalized in the New York press, has brought a sharp reproof to "publicity seekers" from the Queens County Medical Society. Anna Mayer, a singer, garnered reams of newspaper space with her dramatic appeal to President Truman. He released Dr. Lester Samuels from service in a Veterans Ad-



*Little Dianne Green, White Plains, N. Y., feeds baby sister with modern Evenflo*

## Evenflo — America's Most Popular Nurser

Everywhere you go, you see babies being fed with handy Evenflo Nurers. Mothers, and sometimes fathers, write us that the modern Evenflo is far superior to the old type pull-on nipples. They say Evenflo makes baby feeding just as easy while traveling as at home.

Doctors and nurses report that Evenflo's valve-action nipple enables babies to finish their bottles better and get more benefit from their food.

The Pyramid Rubber Co.  
Ravenna, Ohio

# Evenflo

Modern Nurser 25c

(Separate Nipple, Bottle or Cap, 10c)



ministration hospital so he could sever her phrenic nerve, thus ending a two-month attack of hiccups. A similar appeal in 1944 to President and Mrs. Roosevelt had also evoked publicity for both singer and physician.

The society points out that a phreniotomy is a minor operation and that it is performed frequently in tuberculosis and general hospitals. Hundreds of doctors in the New York area were fully capable of having performed it on Miss Mayer, it adds.

## Thieves Try Soporific On Druggist-Victim

Prompt action by a Bronx (N.Y.) pharmacist scotched the effectiveness of a dose of sleeping tablets that two hold-up men recently forced on him, on an assistant, and on a customer. After the intruders had robbed the store of \$500 and departed, the pharmacist, Melvin Juro, immediately dosed himself and his companions with an emetic. When the police arrived, all were wide-awake.

## Drug Addicts to Take Cure or Punishment

Last month the New York State legislature weighed a bill that would send drug addicts to jail "until cured." But in China, the Government went a great deal further: It decreed the death penalty for opium smokers who resume the habit after having been cured.

[PLEASE TURN TO PAGE 157]

*Dependable  
Nourishment*  
during that all-important  
first year of life



It is during that all-important first year of life that the very foundation of *future* health and ruggedness is laid. And the

well nourished baby is, in most cases, more resistant to the common ills of infancy. Similac-fed infants are notably well nourished; for Similac provides fat, protein, carbohydrate and minerals, in forms that are physically and metabolically suited to the infant's requirements. Similac dependably nourishes the bottle-fed infant—from birth until weaning.

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*Similar to  
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A powdered, modified milk product, especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butter fat has been removed and to which has been added lactose, coconut oil, cocoa butter, corn oil, and olive oil. Each quart of normal dilution Similac contains approximately 400 U.S.P. units of Vitamin D and 2500 U.S.P. units of Vitamin A as a result of the addition of fish liver oil concentrate.

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MOBILE X-RAY UNIT

Where office space is limited you can do radiography and fluoroscopy where you please with this new AE Mobile Unit. Store it in a corner or closet.

This unit is so superbly constructed, we're offering a guarantee policy never before available with X-Ray equipment. Stops endless service charges, tells now what repairs (if any) will cost 6 months—1 year—or 5 years from purchase.

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LOW COST AE MOBILE UNIT  
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COVINGTON, KY.

The Federal Narcotics Bureau—which considers New York to be the “center of the drug traffic east of the Rockies”—lauded the state’s proposed legislation. But it declared that the narcotic problem would become worse before it improved. A new complication, said the bureau, is the indeterminate number of service men who have become acquainted with drugs, either in medical treatment or in their wartime travels through the Far East.

In China where the drug problem is immeasurably worse, all addicts who have been placed under compulsory treatment are also tattooed.

### Doctor-Switch Brings Strike of Miners

Four hundred miners in Wyoming, W.Va., recently went out on strike after the Red Jacket Coal Corporation had vetoed their selection of a panel physician. The miners had attempted to switch from Dr. E. M. Wilkinson to Dr. M. E. Meck after the former had increased his capitation fee from

\$2.25 to \$3. When the company refused to “check off” payroll deductions for Doctor Meck, the miners struck. Under terms of the United Mine Workers’ agreement with the Government, they asserted, they had full power to choose any physician they wanted.

### Fund Managers Buy Common Stocks

The investment managers of college endowment funds and philanthropic foundations now include many common stocks in their portfolios, says Edward E. Hale, Boston investment adviser. Twenty years ago, he adds, they bought only a negligible amount. Examining the programs of thirteen major colleges and universities, he has found a range from Williams, with 30 per cent of its investment fund in common stocks and 70 per cent in preferred stocks and bonds, to Mount Holyoke, with 47 per cent in common stocks and 53 per cent in preferred stocks and bonds.

Common-stock holdings of the Carnegie Corporation of New York equal 16.4 per cent of its invest-

IN HEAD COLD SEASON  
THERE'S A LOT OF COMFORT IN A TUBE OF

# V-E-M



**MILD NON-EPHEDRINE NASAL LUBRICANT**

By means of applicator reaches and protects accessible membranes. Relieves minor nasal irritations caused by pollen, dust and common colds.

Sample on Request. Write Dept. ME

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*4 Ways*  
**BIDUPAN**  
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INTESTINAL CONCENTRATED  
*Speeds Sustained*  
*Relief in* **INTESTINAL INDIGESTION**  
**GALLBLADDER STASIS**

Bidupan improves urinary drainage, digestion of albumin, carbohydrates, fats; stimulates pancreatic secretion; removes fermentative factors. Formula: rich Bile Salts, 4-strength Pancreatin, Duodenal Substance, Charcoal. Tablets, bottles of 50 and 100.

Write for literature. Dept. E.

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25 West Broadway

New York 7, N. Y.

ment; those of the Carnegie Institute, Washington, 32.3 per cent; of the Commonwealth Fund, 46.6 per cent; and of the Rockefeller Foundation, 46.9 per cent.

### ***Interne Placement System Revised***

A revamped system of interne placement has been formulated by the Association of American Medical Colleges and is slated to go into effect soon. The plan eliminates letters of recommendation from faculty members as a hospital requirement and urges hospitals to delete from interne application blanks the statement that the student "agrees to accept if appointed."

The first action was taken to

lighten the load for medical school faculty members and to make the dean's office more of a centralized information bureau to which hospitals can turn. For internships beginning July 1948, the application date has been set at Oct. 15, 1947; and the appointment date, a month later.

### ***Unfit Motorists Held a Menace to Safety***

States should require automobile drivers to undergo periodic examinations for physical fitness, says the National Safety Council. It points out that persons with serious cardiac conditions are a menace both to themselves and to other car drivers. The council recom-

## *Through The Menstrual Years of Life-*

THE frequency with which the menstrual life of so many women is marred by functional aberrations that pass the borderline of physiologic limits, emphasizes the importance of an effective tonic and regulator in the practicing physician's armamentarium.

In Ergoapiol (Smith), the action of all the alkaloids of ergot (prepared by hydro-alcoholic extraction) is synergistically enhanced by the presence of apiol, oil of savin, and aloin. Its sustained tonic action on the uterus provides welcome relief by helping to induce local hyperemia, stimulate smooth, rhythmic uterine contractions, and serve as a potent hemostatic agent to control excessive bleeding.

May we send you a copy of the comprehensive booklet "The Symptomatic Treatment of Menstrual Irregularities."

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**INDICATIONS**  
Amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, in obstetrics.

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May we send a free copy of the 36 page brochure, "Important Facts about Allergy"?

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Please send me copy of 36 page brochure, "Important Facts about Allergy"—without cost or obligation.

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## To accomplish a soothing, subjective sensation of eye comfort

DRUG SOLUTIONS introduced into the conjunctival sac have their effect modified by a number of factors. Among these factors, the following three must be considered:

1. Immediate dilution of the solution by tears present in the sac.

2. Precipitation of the drug substance present in the tears or conjunctival sac—or its chemical union with such substance. This is especially important in the presence of highly albuminous secretion, as may be seen by the white precipitate of silver albuminate formed when silver nitrate is applied to the lids covered with a purulent secretion. Such combination, of course, renders most of the drug inactive.

3. Most important of all factors is the reaction of tissue and tears with the solutions employed. It has been shown that the reaction of commonly used collyria is the chief factor in irritation felt when they are introduced into the sac. Reaction of solutions is far more important than their osmotic pressure. Normal conjunctival secretion has a reaction of 7.2 to 7.4. In certain forms of chronic irritation or conjunctivitis, the pH varies from 6.8 to 6.9. Mere installation of an alkaline collyrium is sufficient to allay symptoms of irritation.

A simple form of buffer solution is an ideal medium for eye drops. An alkaline solution is less irritating and is a suitable medium for certain drugs. An alkaline buffer solution alone is a non-irritating collyrium suitable for cleansing. Because of its proper pH, it reduces shock and increases effectiveness.

*Murine, a modern isotonic collyrium, meets every one of the above desiderata. In addition, Murine is isotonic with the tears and is a truly buffered solution. Combined in Murine's formula are the following ingredients: Potassium Bicarbonate, Potassium Borate, Boric Acid, Berberine Hydrochloride, Glycerine, Hydrastine Hydrochloride, "Merthiolate" (Sodium Ethyl Mercuri Thiosalicylate, Lilly) .001%, combined with sterilized water. This all makes for a soothing, cleansing, and still uniquely therapeutically effective preparation for minor irritations of the eye.*

**THE MURINE COMPANY, Inc.**  
660 NORTH WABASH AVE., CHICAGO 11

mends establishment of clinics at scattered points, so that no motorist would be inconvenienced.

T. N. Boate of the National Conservation Bureau suggests universal standards for determining the physical fitness of drivers. They would be applied before issuance of an original license and periodically thereafter. Mr. Boate recommends these things: (a) tests of vision to determine color blindness, glare recovery, reaction, and depth perception; (b) complete driver-license examinations for those reaching 50; (c) complete physical examination of all reaching 60, to be repeated every two years.

## Seek Tighter Control of Barbiturates

What happens to the 600,000 pounds of barbiturates produced every year in this country is, apparently, anyone's guess. That output could put every man, woman, and child to sleep every night for two weeks. But no one knows how much is (1) dispensed on physicians' prescriptions; (2) dispensed without prescriptions; or (3) sold clandestinely to "goof ball" addicts. The Federal Government can't even estimate exports of the drug.

The Census Bureau declares that 500 persons each year die of overdoses, taken intentionally or otherwise. Dr. Robert P. Fischelis of the American Pharmaceutical Association says a recent survey shows that only eight states have laws specifically controlling barbiturates;



"BE NOT SICK TOO LATE,  
NOR WELL TOO SOON."

POOR RICHARD'S ALMANAC (1734)

BENJAMIN FRANKLIN  
(1706-1790)



TODAY, THE DOCTOR SAYS IT THIS WAY:  
*If you're not completely well, you're sick."*

In nutrition, the value of such an attitude is well established. Today, vitamin deficiencies are properly recognized as diseases needing prompt and adequate treatment. To most physicians, adequate treatment includes *thorough* multivitamin therapy. To many physicians *thorough* multivitamin therapy means

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**THERAPEUTIC VITAMIN CAPSULES**

*Each capsule contains:*

Vitamin A (liver oil conc.) . . .	12,500 U.S.P. Units
Thiamine Hydrochloride (B <sub>1</sub> ) . . .	10 mg.
Riboflavin (B <sub>2</sub> ) . . . . .	10 mg.
Niacinamide . . . . .	100 mg.
Pyridoxine Hydrochloride (B <sub>6</sub> ) . . .	1 mg.
Calcium Pantothenate . . . . .	10 mg.
Ascorbic Acid (Vitamin C) . . .	150 mg.
Vitamin D (Activated Ergosterol) . . .	1,250 U.S.P. Units

DOSE: 1 to 3 capsules daily as directed by physician.

PACKAGING: Bottles of 100 capsules.

*Thera-Vita* is a therapeutic multivitamin.  
To prevent its indiscriminate use, PRESCRIBE IT.

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## For irritated skin advise a medicated soap that is—

- MILD
- GENTLE
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- ECONOMICAL

So pure and fine, so free from excess alkali, Cuticura Soap may be used with safety even on a new-born baby. In addition, it is emollient, mildly medicated, luxuriously fragrant and long-lasting. FREE samples to doctors on request. Write Cuticura, Dept. ME-4, Malden 48, Mass.

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mildly  
medicated **SOAP**



# 32



## INTERNATIONAL AWARDS *for* MERIT

A skillfully-blended aromatic preparation of gentian, in combination with a variety of harmless vegetable spices and vegetable coloring matter.

THE WORLD'S BEST-  
KNOWN STOMACHIC

**ANGOSTURA**  
TRADE MARK  
ESTD. IN 1824  
AROMATIC BITTERS  
32 INTERNATIONAL AWARDS FOR MERIT



twenty-eight states apply general statutes; and twelve make no effort to control distribution of the drug.

The National Drug Trade Council has been campaigning vigorously among legislatures for adoption of its model law that would make possession of barbiturates by individuals illegal except on prescription. The law would also require pharmacists to dispense the drug only on prescription and to permit refills only when okayed by a physician. Delivery of barbiturates to anyone but doctors or pharmacists would be banned.

## UNRRA Suspends as WHO Gets Ready

When the health division of the United Nations Relief and Rehabilitation Administration ended its activities last month, it had spent close to \$168 million in thirteen liberated countries, and in the Middle East, Germany, Austria, and Italy. Of that amount, \$146 million was used to purchase and ship 200,000 tons of vaccines, chemicals, drugs, hospital equipment, and laboratory supplies.

Results of the division's work have exceeded all expectations, says Dr. Wilbur A. Sawyer, its director. He points out that since the war there have been no major epidemics, even with vast population displacement. In addition, UNRRA has worked intensively in many countries to control endemic diseases.

To carry on its work, the division

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# Patients feel blue when you ask them to chew?



Often patients "skip" eating foods that require chewing. They forget that teeth and gums need *daily exercise!*

Remind them that delicious, nutritious Nabisco Shredded Wheat at breakfast will provide good, crunchy food they need for *functional chewing.*

Tell them how teeth move—ever so slightly—in their sockets, "massaging" gums, stimulating local circulation.

You'll find Nabisco Shredded Wheat, the original Niagara Falls product, will be patients' first choice for *chewing fun and flavor, too.*



recruited a staff of nearly 1,200 doctors, nurses, sanitary engineers, epidemiologists, nutritionists, and technicians. They represented thirty-five countries.

Pending activation of the World Health Organization, its interim commission has received \$1.5 million from UNRRA. This fund will be used to carry on a number of health functions in Europe, including control of malaria and tuberculosis and training of health personnel.

### ***Says California Has Too Many M.D.'s***

The secretary of the California Board of Medical Examiners, Dr. Frederick N. Scatena, takes a pessimistic view of the medical invasion of his state, which has not abated. "Not one of these invading doctors," he says, "will go into rural practice. Instead, all of them locate in the cities, where some join established groups."

Doctor Scatena says California has enough physicians to care for a population of 13 million, yet its present population is 9 million. The

number of physicians in active practice in California jumped from 10,000 in 1937 to 14,500 in 1946, he adds.

### ***U.S. Helps Canada Plan Compulsory Program***

When Saskatchewan needed an expert to draw up its compulsory hospitalization insurance program, it knew where to find one: in the U.S. Public Health Service. It got Dr. Frederick D. Mott, long regarded as a key man in the U.S. compulsion movement, to serve as its adviser. Today the Canadian province has a program designed to fit into a Dominion-wide system, if one should come.

Eligible for benefits are all Saskatchewanians except soldiers, certain Indians, convicts, and a few others. For an annual head tax of \$5 (family limit: \$30) they are entitled to (a) ward accommodations for diagnosis and therapy, length of stay practically unlimited; (2) radiological and anesthetic services, if the hospital has facilities; and (3) most drugs in common use. An added feature will be a routine X-

## **FOOT AND LEG PAINS**

### **Due To Fallen Arch—Quick Relief For Your Patients!**

In 90% of cases of rheumatoid foot and leg pains, the cause is due to weak or fallen arch, or flat-foot. Relief for this condition is usually effected quickly by the use of Dr. Scholl's Arch Supports. These scientifically designed Appliances are adjustable to meet the individual requirements of each foot. Fitted by trained attendants. \$2.50 pair up. Please consult your classified telephone directory for the Dr. Scholl Shop, Shoe, Dept. or Surgical Supply Store rendering this service.

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**Dr. Scholl's** *Foot Comfort*  
**ARCH SUPPORTS**



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## Maybe his Mother didn't listen...

... when you said, last week. "Go slow as you start baby on cereal. Give him just a tiny bit on the tip of a small spoon."

How much simpler life is for you, when mothers follow your instructions. And, when your tiny patients like their new foods. Of course, thousands of infants *do* go for Gerber's ready-to-serve cereals. Extra-fine flavor and extra-fine texture, baby gets both when he goes on Gerber's. Plus—added iron, calcium and B-complex vitamins.

Many babies prefer Gerber's Cereals, Strained and Chopped Foods, probably because Gerber's makes nothing but Baby Foods—34 good-tasting kinds babies like. And mothers like Gerber's low prices.

You're welcome to FREE SAMPLES of the 3 finely strained cereals—Gerber's Barley Cereal, Cereal Food and Oatmeal. For professional reference cards, too—write to Gerber's Dept. 224-7 Fremont, Mich.



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FREMONT, MICH. OAKLAND, CAL.  
*Baby Foods*

**3 CEREALS 18 STRAINED FOODS 13 CHOPPED FOODS**

# From where I sit ... by Joe Marsh



## A Grand American Tradition

The Cuppers had a grand old family reunion last week—for the first time since the war.

Big and little Cuppers came, by car and train, from as far west as Nebraska and as far east as Vermont. They crowded Dee and Jane's house, set up quarters in the barns, or stopped with neighbors—and a jollier gathering you couldn't have imagined!

I was asked to their final Saturday night supper, when they sang old songs, drank beer and cider, reminisced. Dark Cuppers and blonde ones—Vermont accents and Alabama draws—doctors and farmers ... all with their differences of taste and politics, yet as close and harmonious in spirit as a group could be.

From where I sit, it's a great American tradition—not just family reunions, but the ability to get along as one harmonious family, regardless of differences of taste—whether it's taste for politics or farming, beer or cider.

*Joe Marsh*

Copyright, 1946, United States Brewers Foundation

ray chest examination for all comers. Hospitals are reimbursed on a point system that takes into account facilities available and size of staff.

Canadian officials have suggested that all provinces develop systems of compulsory prepayment for medical care and hospitalization. The Government offers to foot 60 per cent of the health bill if the provinces will contribute 40 per cent. Since its share will be derived from income and corporation taxes, the central Government wants a flat tax on beneficiaries, rather than a percentage payroll deduction. If a Dominion-wide program were achieved, the \$5 head tax in Saskatchewan would thus be reduced by 60 per cent.

## Defines Priceless Ingredient in Medicine

"Most of this may seem self-evident to you, my friend, and my musing about it may be due to the hypersensitivity of idleness. But I cannot help thinking that we take the good for granted when it has not the blazonry of the heroic. The superb achievements of medical research have lately been receiving plenty of public acclaim. So have the stupendous victories over death and disease by the 'doctors at war' at the front and behind the lines. But it is not the extraordinary feats nor the glory of the newest discoveries that I have in mind today. I have been meditating on those goods of the spirit which, in spite of formal protestations of loyalty,

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# Award of MERIT FOR PSORIASIS



Award for merit is based not only on achievement but also upon the obstacles and other unfavorable factors that must be overcome. RIASOL is deserving of such distinction because of the outstanding results it has produced in the treatment of psoriasis, a most resistant disease.

1. RIASOL attacks the ugly, scaly patches with gradual disappearance of the cutaneous lesions.
2. RIASOL often reduces the incidence of recurrence.
3. RIASOL provides cosmetic relief and mental assurance.
4. RIASOL is simple and convenient to use.

RIASOL contains 0.45% mercury chemical combined with soaps, 0.5% phenol and 5% cresol in a washable, non-staining, odorless vehicle.

Apply daily after a mild soap bath and thorough drying. A thin, invisible, economical film forms. No bandages necessary. After a week, fast to patient's progress.

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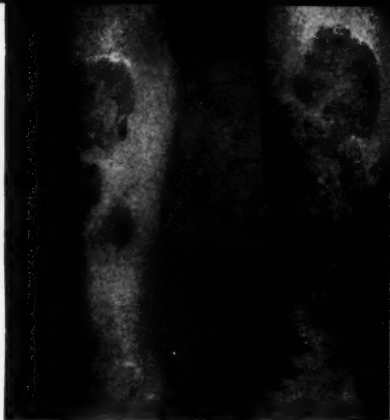


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*After Use of Riasol*

**RIASOL FOR PSORIASIS**

# SUSTAINED CONTROL OXC

**in a matter of moments . . .  
with less constipation . . .  
with maximum convenience**



# Excessive Gastric Acidity

**ALMINATE** (Basic aluminum aminoacetate) has the particular advantage of controlling excessive gastric acidity over prolonged periods.<sup>1,2</sup> This is due to the action of the glycine radical and the mildly astringent activity of the aluminum component. Likewise, the use of Alminate is not followed by an acid rebound nor is it accompanied by flatulence or increased intragastric tension. Since the average dose contains a low percentage of aluminum, constipation is reduced to the minimum.

**ALMINATE** is in convenient tablet form and does not need to be chewed.

**ALMINATE**—Available in bottles of 100 and 500 tablets of 7½ grs. each.

<sup>1</sup>Krantz, J. C., Jr., Kibler, D. V., and Bell, F. K.: Neutralization of gastric acidity with basic aluminum aminoacetate, *J. Pharmacol. & Exper. Therap.*, 82: 247 (Nov.) 1944.

<sup>2</sup>Paul, W. D., and Rhomberg, C.: Medical management of uncomplicated peptic ulcer, *J. Iowa State M. Soc.*, 35: 167 (May) 1945.

*Bristol*

LABORATORIES INC.  
SYRACUSE, NEW YORK

# Wound Healing

with

## GADOMENT

*—because it accelerates natural  
healing and promotes epithelial  
growth.*

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**GADOMENT**—the original American Cod Liver Oil Ointment—is widely used in the treatment of burns, pruritus, ulcers, abrasions, industrial dermatitis. Gadoment is bland, spreads evenly and does not seep through dressing.

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**THE E. L. PATCH COMPANY**

BOSTON MASS.

a world that has long been intent on slaughter is bound to destroy: active Christianity and true democracy. And, without looking for them, I have found them right here, in the day-by-day practice of the 'beloved physician.'"

The indefinable something that marks the true physician has been suggested by Margaret Munsterberg in *The Churchman*. Says she:

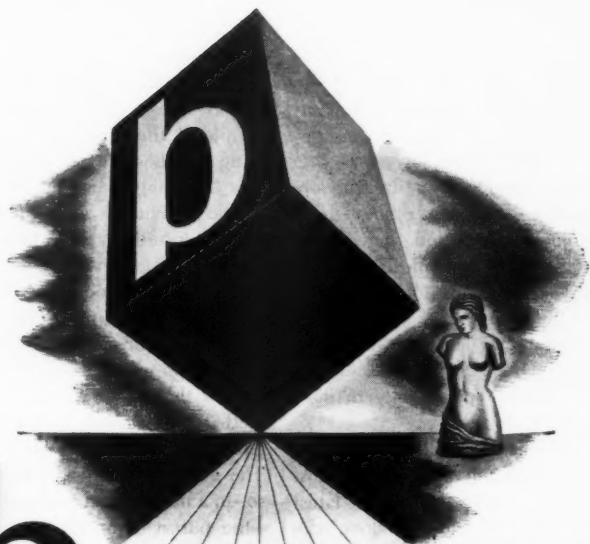
"My doctor has just been to see me and has given me advice to be followed the rest of my life.

"Why does he care?"

"A year after I shall have been dismissed, he will have had a continuous stream of patients, many of them representing far more scientifically important cases than mine. In a world which uses the most refined products of human ingenuity to blow human organisms to bits, someone to whom I was a stranger only six weeks ago cares vitally about my health and comfort . . . He may have been the disinterested scientist when he made the diagnosis, he may have been the detached artist when he operated, but now he is something much more human.

"Don't misunderstand me. It is not for my *beaux yeux* that he is solicitous about me. I am sure that he cares as vitally for the crippled old lady in the next room. He cares for me as St. Francis cared for the leper, the difference being only between thirteenth-century and twentieth-century equipment and hygiene.

[ PLEASE TURN TO PAGE 172 ]



# b FOR BALANCED

Tyree's Antiseptic Powder offers the busy physician a balanced vaginal douche . . .

**BALANCED** Psychologically . . . by imparting immediately a sense of cool, clean, gratifying comfort, Tyree's restores the woman patient's subjective balance and makes her amenable to further curative treatment.

**BALANCED** Physiologically . . . by correcting hypo-acidity present in the vaginal pathology with Tyree's, it is possible to approximate the normal vaginal pH of 4.0—a condition very hostile to the growth of vaginal infections.

**BALANCED** Therapeutically . . . finally, Tyree's value as a vaginal douche is positive, because it balances effectiveness with safety, avoids complications caused by caustic, irritating douching, while it acts as an effective treatment in vaginal infection. Try Tyree's the next time you prescribe a vaginal douche. Write for literature and professional samples.

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*for the treatment of* genito-urinary infections

"And that has led me to the conviction that the medical profession is, in a way, the most impressive exponent of practical Christianity in an age half barbaric, half spiritually nihilistic. Many a teacher, social worker, even lawyer—not to mention members of the priestly caste—has, to be sure, practiced admirable altruism, and many more profess high principles. But the good doctor seems to me surprisingly humble; in his contact with his patients, at least, he makes no lofty pretenses. He does not address humanity; he speaks only to me—poor, helpless me! . . .

"The Russian philosopher, Nicolas Berdyaef, in one of the most memorable messages of his latest work, 'Slavery and Freedom,' de-

nounces the cruel and contemptuous torture of men's bodies, which, more than any other degradation, has been the characteristic evil of the last decade. For the body is the temple of the soul, and in dishonoring the body the tormentor denies the unique and infinite worth of the individual spirit. The good doctor intuitively recognizes the body as a sacred vehicle and therefore uses his utmost skill to keep it in repair. In this he is the Christian realist *par excellence*. He is a doer of the word.

"For the doctor all men are created equal—equal in fallibility, equal in the need to be restored. The good physician is therefore also—in a nonpolitical sense, of course—the purest democrat.

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\*Swartz & Reilly, "Diagnosis and Treatment of Skin Diseases," p. 66.



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### BACTERIAL VAGINITIS

The etiology of many cases of vaginitis and cervicitis is based on a secondary bacterial invasion.

Against such infections Triple Sulfa Cream brings to bear three sulfonamides—exerting optimal bacteriostatic and bactericidal action at different, specific pH levels.<sup>1</sup>

Triple Sulfa Cream has proven clinically effective in post-operative vaginitis or cervicitis, ulcerative vaginitis, fusospirochloosis (Vincent's infection of the vagina),<sup>2</sup> and related gynecological conditions. Eradication of the infection, healing of the mucosa and

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Triple Sulfa Cream represents an optimal combination of sulfathiazole, N'acetylsulfanilamide, N'benzoylsulfanilamide, and urea peroxide incorporated into a pleasant, water-soluble

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